State's Exhibit "1"

Medical record pages of Patient #1 and Patient #3 referenced during the Hearing



Core Client Information

next visit date 11/10/16

est, due date 11/30/16 34

marital status Married

pre-preg wit

wi gain cus wit

BMI blood type expecting A Boy

GTPAL

2/1/0/0/1 para 1 Yes

VBAC last normal period 1/27/16

medications Zantac, Zyriec

mean cell hemoglobin

drug and other allergies Codeina

latex allemies

No

Endometriosis, Chicken Pox, Ovarian cysts

platelets H_GB 286x 103/µL 10.2g/dL

rubella antibody HCT Equivocal 35.0%

vitamin d 25 oh 10 ng/mL

white blood cell 13.3 10e9/L

absolute immaiur...

0.12 10e9/L

9.41 10e9/L

red cell distribution width

3.93 10e12fL

29.1 g/dL

red cell distribution width sd 51.B fL

hemoglobin 10.2 g/dL

absolute neutrophil count

15.9 % red blood cell

EGA by EDD at birth newborn DOB

11/7/16, 6:19 AM 36.5

Basic Information

language English

ane gender

34 Female

city of birth Midwest City

state of birth Oklahoma

country of birth

United States of America

marital status Married

race/ethnicity White

your primary phone

mobile

occupation Realtor

employer Self Employed

religion **Episcopal**

highest education **BA/BS** Degree

living will No

country

organ donor

United States of America

Yes

Oklahoma City

county Oklahoma

zip state/province 73112 Oklahoma

do not contact details

s my health info

secondary phone other

lives within city limits

No

Financial Information

payment type

do you receive WIC?

Self Pay

No Current Pregnancy

are you pregnant?

Yes

last normal period 1/27/16

+/- 1 month

accuracy of date

11/30/16

ultrasound 1 edd

edd based on Ultrasound 1

est due date 11/30/16

pre-preg wt 214

expecting A Boy

GTPAL

VBAC Yes

2/1/0/0/1 para 1

Father of Baby (FOB)

address same as above

stale of birth

country of birth

Yes

Oklahoma

United States of America

Past Pregnancies

1st Pregnancy

Fetuses:

Single

1st Fetus: live birth delivered on 7/27/16 at 41.3 weeks pregnant

total length of labor birth weight

induced

place of delivery Hospital

location of delivery

gestational age 41wks 3days

10lbs 15oz cesarean reason 36hours anesthesia No

OU Edmond

defivery type

Ftp, cpd

gender child still living?

Cesarean

Spinal

Yes Male

Your Mother's History

complications pregnancies

Delivered 3 weeks past due date

live births

your built weight 13ibs 11cz

months you were breastied

4months

Your Health

wt gain cur wt 235

height BMI blood type

5ft 3in 38 0+

21

medical conditions

Chicken Pox · Active 1/1/87

anesthesia difficulty Νo

blood transfusion

other practitioners

No

Endometriosis, Chicken Pox, Ovarian cysts

medications or supplements?

medications

drug allergies?

Zantac, Zyrtec Yes

drug allergy:

Codeine 1/1/12 Allergic Reaction

food allergies?

drug and other allergies

Codeine

latex allergies Nο

typical stress level

LOW

source of stress Work

are you being abused?

No

history of abuse?

do you feel unsafe?

No '

No

Nο

Gynecologic History

age of 1 st period

periods/year 12

period freq.

period duration 3 - 4 Days

period flow Heavy

bleeding bet, periods No

irreg, periods

painful periods

Yes

details

abnormal pap smear?

have you ever had a mammogram? No

have you ever had a breast exam?

1st intercourse age

Endometriosis # of partners

are you currently monogamous?

do you have pain during intercourse?

have you ever had any of the following conditions?

Ovarian cysts - Active 1/1/97

Endometriosis - Active 1/1/95

Prenatal Visits

visit date	Wks	Edema	Wt	₿P	Pulse	FH	Fe	FHT	Protei	int Exam	Lab
4/11/16, 3:15 PM	6.5	Nohe	214	136/84	78	Below."	N/A	N/A .	Neg/ Neg	Νό	Yes
	onned by vn Karlin				visit duratio 45	on head No		visual distud Vo	oances dizz No	iness	
fainting GI signs/sy No No	mptoms	dysur No	fa (S&S	S of UTI)	abnonna No	l vaginal d	scharge	bleeding No	Back/hip/pul No	oic pain	
itchinėss leg cramp No No	os vari No	icose veir		•	Pre-E signs No	s/symptom	s Enot Nom	ional/Menta nai	Istatus fatig Yes	•	ea
vomiting fever of 19 No No	O1 ormol	re oth . No		ontractions one		administer No	ed Rhogan	perform Yes	ned urine test	ketones Neg	
nitrites leukocytes Neg Neg	color Light	clarity Clear	bloo	d ph	had physic Yes	al exam	HEENT Normal	lungs Normal	extremities & s Normal		rt mal
abdominal & back Normal	neuro Normal	breast Defen			jenitourinar Deferred	у соттеп	ts pap No	performed	labs ordered Yes		
lab ordered details Prenatal Panel	ultrasou Yes	nd order			ordered no luie with u		unlimited	next week	meds/suppler No .	ments	
payment comments			sit date , 2:30								

Patient# /

particular to the second section of the section of the section of the second section of the second section of the second section of the second section of the secti	
comments S: Saw ioday for new ob appt. Reports a little nausea and fatigue, otherwise has been fee	ling good. Denies
vb or cramping. Desiring homebirth and seeking midwifery care.	
O; see flowchart	
A: 32yo G2P1001 w/IUP at 10w5d by uncertain LMP, sowd, hx c/s x1desiring vivac	enced monitoring
P: Discussed midwifery care, diet and exercise for pregnancy and recommended weight gain, die carb intake due to size of last baby. Questions answered, consents emailed for review. New obline.	abs and vitamin d
level today. Reviewed 1st trimester precautions. Will rtc 4wks or sooner Prn. Will call to schedule	dating u/s.
signed off by	
Dawn Karfin on 6/6/16, 2:16 PM	
6/2/16, 3:11 PM 14.1 None 217 128/78 B2 Cwd N/A 160	Neg / Neg No No
supervised by performed by assisted by visit type visit duration headaches	visual disturbances
Dawn Karlin Oawn Karlin Brandy Harris In Person - Office 45 No	. No
dizziness fainting GI signs/symptoms dysuda (S&S of UTI) abnormal vaginal discharge No No No No	bleeding : No :
i Back/hip/public pain itchiness leg cramps varicose veins injuries Pre-E signs/symptoms	Emotional/Mental status
No No No No No	Normal
fatigue nausea vomiting fever of 101 or more other contractions FM No No No No No No No Maybe a week or to	Wo and
administered Rhogam performed urine test ketones nitrites leukocytes color No Yes Neg Neg Neg Concentrated	clarity blood Cloudy Neg
ph had physical exam labs ordered ultrasound ordered meds/supplements next visit da 5 No No No No No 7/1/16, 9:0	
comments S. Saw _ for 4wk HTO appt. Overall has been feeling good. Denies vb or cramping.	signed off by Dawn Karlin on 6/6/16.
S. Saw _ for 4wk RTO appt. Overall has been feeling good. Denies vb or cramping. Or see flowchart	1121 AM
A: 32yo G2P1001 w/IUP at 14w1d by 1st trimester u/s, scwd, hx c/s x1desining vbac	
P. Reviewed 2nd trimester precautions. Questions answered. Will ric 4wks or sooner Pm.	
7/1/16, 9:23 AM 18.2 None 220 116/74 92 Cwd N/A 150	Trace / Neg No No
supervised by performed by visit type visit duration headaches visual disturbated by Dawn Karlin Oawn Karlin in Person - Office 50 No No	nces dizziness No
	Back/hip/pubic pain
fainting GI signs/symptoms dysuria (S&S of UTI) abnormal vaginal discharge bleeding No No No No No	No Paris paris
itchiness legicramps variouse veins injuries Pre-Eisigns/symptoms Emotional/Mental s No No No No No No Nomal	tatus fatigue . No
i fever of 101 or more other comments i No Yes accidentally hit her in the right eye orbit with the tv remote, feeling better now	had pain for 5days,
contractions FM administered Rhogam performed unine test ketones nitrities leukocy	tes color
None + No Yes Neg Neg Neg	Concentrated :
clarity blood ph had physical exam labs ordered uttrasound ordered meds/suppleme Clear Neg 5 No No No No	nts next visit date 7/28/16, 10:30 AM
comments	signed off by
S: Saw today for 4wk RTO appt. Overall has been feeling good. Appetite has been low. First stretching in lower abd. Denies vb or cramping.	eeling some Dawn Karlin on 7/1/16,
O: see flowchart	10:06 AM.
A: 32yo G2P1001 w/IUP at 18w2d by 1st trimester u/s, scwd, hx c/s x1desiring vbac	<u>-</u>
P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner Pm. 7/28/16, 10:56 AM	11 (Non No No No
the state of the s	+1/Neg No No
supervised by performed by assisted by visit type visit duration headaches Dawn Karlin Oawn Karlin Brandy Hams In Person - Office 35 No	s visual disturbances No
dizziness fainting GI signs/symptoms dysuria (S&S of UTI) abnormal vaginal discharge No No No	bleeding No
Back/hip/pubic pain itchiness leg cramps varicose veins injuries Pre-E signs/symptom:	s Emotional/Mental status
No No No No No	Normal



fatīgue Yes	fever-of-101 No	-or-more - other	contrac None	ions	FM ÷	administered Rhogam No	performed t Yes	irine test	ketones +1
nioites Neg	leukocytes Neg	color Concentrated	darify Clear	blood Neg	ph 5	had physical exam No	labs ordered No	u liras ound No	d ordered
meds/su No	pplements	payment commen Will pay next vis		at visit da 24/16, 10		M.			
O: see A: 32yq P: Revi level ne signed o	ioday will scan and flowchart G2P1001 w ewed 2nd trivext visit. off by	email to me. Den	ies vib ot 1st frime	crampi ester u <i>l</i> s	ng. . scw	effe has increased. H d, hx c/s x1 desiring vb d. Will ric 4wks or soo	ac ,		

Prenatal Visits	Je:									
visit date	Wks Eden	na. Wt	BP	Pulse	гH	Fe	FHT	Protei	Int. Exam	Labs
8/24/16, 10:11 AM	26.0 · Non	ė 227;	126/81	96	29	N/A	131 🔧	Trace / Neg	.No .	Yes
		assisted by Brandy Ha	visit ty rris In Pe	rson - Ol	ffice 60	t duration	headaches No	No	rbances	
visual disturbances co Needing to wear gla		dizziness No	fainting No	Gl signs	symptoms	dysuri No	a (S&S of UT)			
abnormal vaginal disci No	harge ble No		ack/hip/pubi o	c pain	itchiness Yes					
itchlness comments PUPPS- encouraged	d dandelion 2	?capsules :	3x daily, Zy	rtec once	e or twice	a day. · N	lo	varicose veins No	Injuries No	
Pre-E signs/symptoms No	s Emotions Normal	al/Mental st	atus fat No	· · ·			fever of 101 o No	r more other	er	
contractions FM None ++	administered No	Rhogam	performe Yes	d urine te	st keto Trac				ntrated	
clarity blood ph Clear Trace 5	s.g. hr 1.025 N	ad physical io		bs ordere es	d labo Othe	rdered deta r		dered notes s, CBC, vitami	n d level	
ultrasound ordered No	, meds/suppli No	emėnts	payment en Yes	tered und	ler billing?	next v 9/22/	risit date 16, 11:00 AM	1		
comments S: Saw. today O: see flowchart A: 32yo G2P1001 w P: Reviewed 2nd tri itching. Will rtc 4wkc	//JUP at 26wl	Od by 1st to autions. Qu	rimester w/s sestions an	s, scwd, l swered.	hx ds x1d Recomme	esiring vb	ac	vb or crampin		
signed off by Dawn Karlin on 8/2										
9/22/16, 10.58 AM	30.1 No	ne 232	. 114/57	101	31.	Breech	-		· ·	No 1
	formed by wn Karlin	assisted by Brandy H		type erson - C			No	Yes	urbances	
visual disturbances o Vision is a little wor	omments se, thinks gla	asses pres	eription has	s change	dizzine d No	ess faint No	ing Glsign Yes	s/symptoms		
GI comments A little regurgitation	if eats too m	nuch at one		unia (S&S	S of UTT)	abnorma No	l vaginal discl	narge bleer No	ding	
. Back/hīp/pubic pain	itchiness No	leg cram No	ps varico No	se veins	injuries No	Pre-E s No	signs/sympton	ns Emotion Normal	al/Mental st	atus

	fatigue Yes	nausea No	vomīöng No	fever of 101 No	or more	other No	contraction None	s FM	No	ninīstered	1 Hinoga	аπ	
	periormed Yes	i urine test	ketones +1	nitriles Neg	leukocytes Neg	colo Ligh	-	blood Neg	ph 6	s.g. 1.020	had p No	hysical exam	
	labs order No	ned ulitra No	asound order	ed med No	s/supplemen		ryment ente es	red under	paillid		ext visii 0/17/10	idate 6, 12:00 PM	
	comment S. Saw O: see tie	а	y for 4wk R	TO appt. P	UPPS is do	ing beti	er, Zyrtec i	s helping.	. Den	ies vti Di	lof.	signed off by Dawn Karlin on 9/22/16, 11:28 AM	:
: !	A: 32vo (32P1001	w/IUP at 30 imester pre	wid by 1st cautions, C	trimester u uestions ar	/s, scwc iswered	l, hx c/s x1e l. Will nc 2-	desinng v Swks or s	bac	er pm.		· · · · · · · · · · · · · · · · · · ·	

P: Reviewed 3rd trimester precautions. Questions answered. Will rtc 2-3wls or sponer pm.
Prenatal Visits
visit date Wks Edema Wt BP Pulse FH Fe FHT Protei Int. Exam Labs 10/17/16, 12:15 PM 33.5 None 235 119/81 102 34 LOA 136 Neg / Neg No No
supervised by performed by assisted by visit type visit duration headaches Dawn Karlin Dawn Karlin Brandy Harris In Person - Office 50 Yes
headache comments visual disturbances dizziness fainting GI signs/symptoms A few headaches, go away with rest No No No
dysuria (S&S of UTI) abnormal vaginal discharge bleeding Back/hip/pubic pain litchiness leg cramps No No No No
varicose veins injuries Pre-E signs/symptoms Emotional/Mental status fatigue nausea vomiting No No No Normal Yes No No
fever of 101 or more other contractions FM administered Rhogam performed urine test ketones nitrites No No Occasional ++ No Yes Neg Neg
leukocytes color clarity blood ph s.g. had physical exam labs ordered ultrasound ordered. Neg Light Clear Neg 6,5 1,010 No No No
meds/supplements payment entered under billing? next visit date No Yes 11/10/16, 7:00 PM
comments S. Saw lay for 3wk RTO appt PUPPS is much better, not needing Zyrtec daily anymore. Denies vb or lof. O: see frowcnart A: 32yo G2P1001 w/IUP at 33w5d by 1st trimester u/s, scwd, hx c/s x1desining vbac P: Reviewed 3rd trimester precautions, s/sx pti, and daily fmc. Questions answered. Will t/u with home visit in 3wks or sooner pm. signed off by Dawn Karlin on 10/17/16, 12:50 PM
11/3/16, 7:05 PM 36.1 ROT 152
supervised by performed by visit type FM Dawn Karlin Dawn Karlin In Person - Home ++
comments Went by to check on ; she reports that after having a nap this afternoon UC have spaced out become irregular and mild like Braxton hicks. States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then. signed off by Dawn Karlin on 11/6/16, 11:19 AM
11/5/16, 2:00 PM 36.3 None 118/80 88 ROA 148 No No
supervised by performed by visit type visit duration FM EFW administered Rhogam Dawn Karlin Brandy Harris In Person - Home 30 ++ 9 No
performed unine test had physical exam labs ordered ultrasound ordered meds/supplements No No No No No

Patient

comments

house after reports concerns of decreased fetal movements in the last 24 hours and irregular but Arrived at painful UC. Upon further questioning she states that she has been using the breast pump in the last 36 hours to encourage labor to pick up.

VSS no s/sx distress see flow chart. Declined VE.

Recommended continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. Requested she abstain from pumping and allow her body and her baby to set the pace.

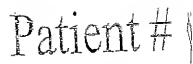
Confirmed scheduled home visit for Thursday and will call with further concerns or labor before then.

signed off by

Dawn Kartin on 11/6/16, 11:19 AM

	Wks Edema	Wt BF	Pulse	FH	Fe	ЕНТ	Protei	Int. Exam	Labs
visit date	.,,,,,			38	ROA	143 ^	3	<u> </u> ;	No
. 11/6/15, 9:44 AM	36.4 Mild					isual distuda		iness	140
		ttype Person - Home	visit durati 50	on hear No		nsual distuma Vo	No No	ness	
fainting GI signs/s No No	ymptoms dyst No	uria (S&S of UT) abnorma Yes	il vaginal di	scharge	VD comme Bloody m	ints . Icous plug or	Friday	
bleeding Back/hip. No Yes	pubic pain itc No		ramps vari No	cose veins	injuries No	Pre-E sign No	ns/symptoms		
Emotional/Mental star Abnormal		l/Mental status (liscouraged, a			3	usea vomit No	ing fever of No	101 or more	:
other contractions No Frequent	temp FM 97.3 - ++	EFW admin 9lb No	istered Rhoga	m perfo No	onned urine	test feta -4	Istation ha No	d physical ex)	ഷന
labs ordered ultra No No	sound ordered	meds/suppler No		visit date 0/15, 7:00	PM .				
describes as mild to having virus with the O: see flowchart, V A: 33yo G2P1001 v P: Reviewed 3rd to gym at her request oraged-black dropperfull every 2	mp of 100.5 yes ss, temp normal w/IUP at 36w4d mester precaution if desired, she of haw bark-to-rela Omin for up to 30	is tired and disterday evening at 97.3 by 1st trimesterns, s/sx ptl, a declines at this at the states of the states at this at the states of t	couraged. S I. If w's, hx c/s is and daily finc. time. Will f/o can rest. To d. Also record	he also repositions Ouestions with home	vbac s answered visit on T aken-white	d. Offered to hursday or s	transter care sooner pm.	oly to Ob/ sing-is-J	ri pir ero sa
After my visit, she is	reports spirits an	e up and she t ·	eels better.						

contact date	Wks	visit type		notes
11/7/16, 4:22 AM × .	36.5	Phone	Received call from	eporting water breaking initially clear, "coming out like a fauc.
	eived ca	Il fro re oute to their h		g initially clear, "coming out like a faucet" and then dark
signed off by Dawn Karlin on 11/9	9/16, 2:05	i PM		
		Phone	· Receiving texts that t	here is lots of brown poop. Recommended go to hospital and)



Receiving texts that there is lots of brown poop. Recommended go to hospital and I will meet them there instead of at their home.

PS- screen shots of texts and call log uploaded into chart.

signed off by

Dawn Karlin on 11/9/16, 2:05 PM

Lab Result		•		signed	off by Dawn Ka	arlin on 8/25/1€	, 2.02 PM
labs drawn date 8/24/16	lab title Final results from RM	Lfor VIT D TOTL	lab is fo Mom	Wks 26.0 GA	report status Final	external pt. id	inemal r*.
collected date . 8/24/16, 8:39 P.M	received by lab date 8/25/16, 12:08 AM	results reported (8/25/16, 1:32 A	date M				3, Female
lab ordered by DAWN KARLIN group VIT D TOTL	vitamin D 10						
site 4142 S Mingo Pid. C	slatus P Final	test Vitamin D 25 OH		vitamin d 25 oh 10 ng/ml.	staius Below lov	e normal	range 30-100
*** assay and re: *** bave had a pr *** hours prior ! *** Test perform	dye has been shown to a smits may be falsely el to blood samples drawn ed at RML Tulsa Central o, Tulsa, OK 74146	<pre>levated. Patients ' should be defear for this assey.</pre>	ed 72				

Lab Result	· · · · · · · · · · · · · · · · · · ·			signed i	off by Dawn Karlin o	n 8/25/16, 2:13 PM
 labs drawn date 8/24/16	lab title Final results from RMI	for GLUC 1 HR	lab is for Mom	Wks 26.0 GA	report status Final	
collected date 8/24/16, 8:39 PM	received by lab date 8/25/16, 12:09 AM	results reported of 8/25/16, 1:11 AM				Female
lab ordered by DAWN KARLIN	lab order comments Did glucola	1hr glucose tolei 131	rance			-
group GLUC 1 HR						
site 4142 S Mingo Rd. Cl	status P Final	test Glucose 1 Hour		result 131 mg/dL	status -	range 70-135
*** www.rmlonline	re data is available on .com/interp muber: 2012650 ed at RMI Tulsa Central o, Tulsa, OK 74146		31514		· .	

_	Lab Result labs drawn date 8/24/16	lab title Final results from RN	1 N G2	lab is for Mom	Wks 26.0 GA	signed off by report status Final	Dawn Karlin on 8/25/16, 2:03 PM
	collected date 8/24/16, 8:39 PM	received by lab date 8/25/16, 12:09 AM	-				Female
	lab ordered by DAWN KARLIN	HG8 HCT 10.2a/dL 35.0%	platelets 286x 10³/μL	WBC 13.3x 10)³/μ_		

Patient # /

Moments of Bliss Midwifery Services LLC

site 4142 S Mingo-Rd, CP	status ————————————————————————————————————	iest Absolute Monocyte Count	result 1.04.10e9/L	status Above high normal	0.20-0.80
site	status	test	result	status	range
4142 S Mingo Rd. CP	Final	Absolute Eosinophii Count	0.41 10e9/L	-	0.00-0.45
site	status	test	result	status .	range
4142 S Mingo Rd. CP	Final	Absolute Basophil Count	0.11 10e9/L		0.00-0.20
site	status	test	result	status -	range
4142 S Mingo Rd. CP	Final	Absoluie Immatu	0.06 10e9/L	-	0.00-0.10

notes

*** Test performed at RM. Tolsa Central Lab, CLIA# 3702031

	Notes	EDG	A	

Ulfrasound				signe	d off by Dawn	Karlin
	ultrasound title 2nd trimester	EGA (LNMP) 25w0d	EGA (AUA) 22w3d	EDC (LNMP) 11/2/16	EDC (AUA) 11/20/16	
FHT fetal position 165 Breech	n placenta Anterior	fetal anatomy Normal	expecting A Boy	performed by Ultrasound unlin	mited	
ر بر میکند میکند. ا	15	•				

Ultrasound				signe	d off by Dawr	Karlin	ön 11/3/16, 10:48.AM	
ultrasound date 5/5/16	ultrasound title 1 st trimester	EGA (LNMP) 14w1d	EGA (AUA) 10w1d	EDC (LNMP) 11/2/16	EDC (AUA) 11/30/16	FHT 176	performed by Ultrasound unlimited	



Medications :	À					
added on ,	status	prescribed on	discoued on	medication name	dose amount	frequency
9/22/16: ^	Active	9/22/16	3.33	Zyriec	.1.,	Daily
medication name Zyrtec		is OTC? Yes	-			
9/22/16	Active	9/22/16	3. 3.2	Zantac	1 ¹⁵ M (1) (1)	Daily
medication name Zantac		is OTC? Yes '				

record added on	problem name	status	onset date	resolved on	description of problem
4/11/16, 3:02 PM	Chicken Pox	Active	1/1 <i>1</i> 87		
4/11/16, 3:02 PM	Endometriosis	Active "	· 1/1/95		



added on	name of drug	Status	i ons	ei date	resolved on	description of reaction
9/22/16	Codeine	Active		HH2		Allergic Readion
Admissions	<u> </u>					
Admission Time	Contractio	BP :	Fe	FHI	Contraction Fr	, Internal Exam Discharge
11/3/16, 8:42 AM	: 11/3/15, 8:42 AM	129/87	LOA	132	2-4, 45-50, Mild	2, 70% ; 11/3/16, 9:
weeks gestation 36.1						
Subjective						
	ast Time Stept On and off through the			vemeni	Recent Hydration Water	Emotions Good, a little anxious
ocation Home						
Objective			7-44-5	fetal stat	ion	
Est. Weight pulse 9lb 101	Trap performed un		Tstatus cels	-2	JU11	
comments		anda IIC for				
Came to h	ome to check in, she it		the pas	t 12hrs, sta	arted out every 10mi	n lasting 25sec, now
Came to h every 2-4min lastin	g 45-50 sec. still able t	in walk and ta	ik and is	s chativ be	arted out every 10mi tween UC.	
Came to hevery 2-4min lastin	ig 45-50 sec. still able t	o walk and ta mo is uncert	ik and is ain, prec	s chatty be mancy dat	tween UC. ed by 10w ultrasoun	d. Also had 22w
Came to hevery 2-4min lastin Reviewed pregnan	ig 45-50 sec. still able to cy dating L consistent with 36-37wl	io walk and ta .mp is uncerta k dating. Disc	lik and i: ain, preg ussed ti	s chatty be mancy dat at at 36w1	tween UC. ed by 10w ultrasoun ld, her baby is late p	d. Also had 22w retern and may be
Came to havery 2-4min lastin Reviewed pregnanultrasound that is o	ng 45-50 sec. still able to consistent with 36-37wind breathe ok on his over the consistent with 36-37wind breathe ok on his over the consistent with 36-37wind breathe ok on his over the consistent with 36-37wind breathe ok on his over the consistent with 36-37wind breathe ok on his over the consistent with 36-37wind breathe ok on his over the consistent with 36-37wind breathe out the consistency with 36-37wind breathe out the 36-37wind breathe out the consistency with 36-37wind breathe out the consistency wit	io walk and ta .mp is uncerta k dating. Disco wn but also m	uk and is ain, preg ussed the idht nec	s chatty be pnancy dat pat at 36w1 ed extra he	tween UC. ed by 10w ultrasoun Id, her baby is late p Ip and we would hav	d. Also had 22w reterm and may be ve to transfer to the
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Status Time	Labor Status	BP Pulse	Tmp Fe	FHT	Contraction Fr: Internal Exam Inp.
	Delivered of birth (body)	baby caught by Dr Bishop	supervised by Dawn Karlin	nuchal cord Yes	
comments Repeat cesairean. Newbom resuscita	ted and taken to	nicu. Then trans	sterred to OU mer	fical center- c ure. Taken of	children's nicu for cooling cap and i life support and passed at

Newborn	Dotaile
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EGA by EDD at birth newborn DOB 36.5 11/7/16, 6:19 AM

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Within Normal Limits NS = Not Seen Abnormality -	See Comments Below
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Barbara Pernell RSMS	
This is the sonographer's impression, and is not i	ntended as a diagnosis or
an interpretation.	

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Oklahoma City, OK



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Outgoing Call

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Share Contact

Share My Location

Create New Contact

Add to Existing Contact









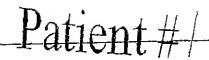




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Moments of Bliss Midwifery Services LLC Dawn Karlin APRN-CNM 519 W Main St, Weatherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

I understand that I have had one or more prior cesarean(s)

I understand that my midwife will follow OMA guidelines,

I understand that I have the option of an elective repeat cessarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.

I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.

The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter

recuperation.

I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without

I understand that my midwife will not augment or naturally stimulate a VBAC.

I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.

I understand the risks to me, from uterine rupture, include but are not limited to; excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.

I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.

I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.

I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.

Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major utenine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.

I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor. I have a greater risk of problems than if I had an elective repeat cesarean section.

I understand the risks of repeat cesarean section include but are not limited to; blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.

I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.

I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as

I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.

I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife. l agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Date 05/02/2015 Client Witness / WILLAM AGENCAL Date 6-2-16

+++00 AT&T 🤝

1:24 PM

88%





(i)

Brand

Text Message Tue, Jul 5, 8:41 AM

I know you were both going to think I am crazy however my milk has come in. I'm only 18 weeks so, am I going to hurt the baby if I start pumping?



Brandy Harris

Ideally, I wouldn't reccomed you pump. It can cause contractions.

Some hand express, colostrum. Hormonally, you wont make anything but colostrum until after baby is born. Leaking us super normal right now.

I'd not attempt anything until way closer to baby time. To be safe.













Patient # |

+++ODAT&T 🤤

1:25 PM

88% 🕮



(i)



Tornsday 7:24 AV

Hello ladies! I tried to rest some but the contractions kept coming. Now that I am up and active again they are progressing. They are getting more painful and are lasting about 50 seconds with two minutes in between.

7:24.AM

How are volidoing with those. Needing support ver:

7:34 AM

Yes. I am OK for an hour or two but I just want to be checked and kind of see where I am.

7:36 AM

Ok-I'm on my way now takes ma about 75min or so to get there

7:39 AM

See you soon

7:42 814

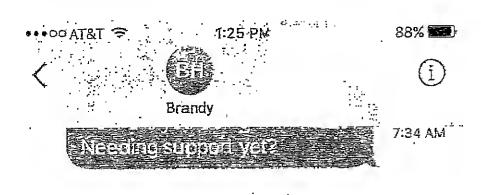












Yes. I am OK for an hour or two but I just want to be checked and kind of see where I am.

7:36 AM

ök-lin on mir vaytti.∵tares me about 75mm or : o to g≟t there

7:39 AM

See you soon.

7:40 AM

Drive safe

7:40 AM ·



7:44 AM

Thursday 10:39 AM

l-ow are you doing?

10:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up. You were right about the water



Lácsikije



Patient # /

+++00 AT&T 🗢

1:25 PM

88%



(<u>i</u>)

Brandy



7:44 AM

Toursday 10:39 AM



0:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up. You were right about the water it didn't really break. Since I woke up the contractions have been a lot less intense so hopefully they'll intensified we can get this show on the road!

12:15 PM

Ok:) May save been full a steena oract at resume

12:19 PM

Not what I want to hear!!

12:24 PM

I want my baby!!

12:24 PM

Amarmeme value acionale i anciena de la company de la comp







Super tired but I'm still stuck in that contractions every 2 to 3 minutes that are about 30 5:39 PM seconds long. I'm just not progressing at all

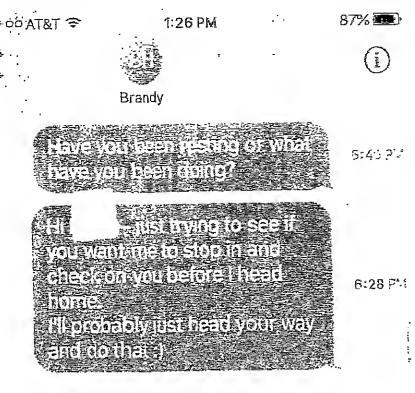
Have you been resting or what have you been cloing?

5:40 PM

Figes 2206

Thursday 5:39 PM

Patient #/



Fildsy 10:07 AM

So, last night at about 3 AM the contractions started again. They are about five minutes apart and last about a minute a piece.

1C:07 AM

My water still hasn't broken but I feel super frustrated.

10:07 AM

I know there is no normal but I've been in pain for almost 24 hours. Does this happen to other people?

MA 30:01





Patient

•000 AT&T ♀ 1:26 PM 87% ■

ாலயுக். ம்லக் யிகியுவுறமாக் other people?

Yes the stereams side of serodiom all such happens in long of the stereams side of the stereams are such as the stereams are stated as the stereams are stated as the stereams are stated as the state

10:12 AM

Brandy Harris

It has, yes. It's the strange space between labor and practice **

10:13 AM

I am just feeling really out of control which is super overwhelming to me

10:18 AM

My biggest concern is how long this practice contractions stage can last. Could I potentially be doing this for a month and a half?

10:19 AM



Béscosoco



Patient # /

-0000 AT&T: 🕏

1:27 PM

87%



Brandy



I am just feeling really out of control which is super overwhelming to me

10:18 AM

My biggest concern is how long this practice contractions stage can last. Could I potentially be doing this for a month and a half?

10:19 AM

Do you need us to come check an you?

10:19 AM

I don't think I ou would be doing this for a month and a half But some have the on ship off for several paye to several

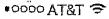
10:19 AM

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Penre (an redicerate Folgo) is not less





1:27 PM

87%









Brandy

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Can you take an Epsom salt bath and try to relak?

10:21 AM

Yes.

10:24 AM

This is just sort of hitting me and my Achilles' heel. Being out of control and not knowing when or how long this is all going to last is becoming super emotional for me

10:25 AM

Try that.

Add two cups of Epstar salt to a nice hot bath and soak for 45min or so.

Let us knr v how you are after

10:26 AM



Messarsa



•0000 AT&T 穼

1:27 PM









Better physically, still not great mentally.

3:00 PM

Brandy Harris

He'll come. I promise. It's okay to be disappointed. You know he's got his time and he'll show up. Release it.

3:02 PM

Love you girl! He will come in. his time?

3:05 PM

Saturday 10:54 AM

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

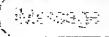
How close are they now? And lasting how long?
And was your nucous plug

10:55 AM











Patient # |

•0000 AT&T ♀

1:28 PM

87%





(i)

Brandy

Saturday 10:54 Ad

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

How close are they gow? An lesting how long?
And was your mucous pide bleedy or just mucous 2

10:55 AM

Bloody

11:14 AM

That's a great sign for progress

Downs want come to come
check on you?

1.1:14 AM

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11:14 AM

Five minutes for a minute apiece

11:15 AM



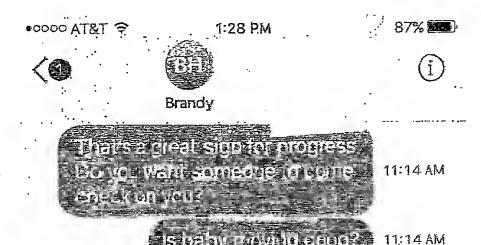












Five minutes for a minute apiece

11:15 AM

Yes but, I came by the seminar I don't know that I'll stay the whole time. It's from 1 to 4

11:15 AM

Ok that's good.
Will you let us know when you are home and want someone to come?

Is baby moving good?

11:17 AM

No. I've been worried about his movement. Last night I kind of tested it by drinking ice water and being really still and he only checked it twice in about a

11:17 AM











Patient # |

60000 AT&T ♀

1:28 PM

87%





Brandy

No. I've been worried about his movement. Last night I kind of tested it by drinking ice water and being really still and he only checked it twice in about a 2 hour.

11117月1

ok You can to a Kick count by districting state thing cold and sweet like applic files and laying on side realing for movements in should have 10 movements in this priess

11:18 AIA

But we need to classic of himwe can being with a Doppler to
SEA how help do needed
Which will but he needed

11:19 AM

Brandy Harris

I'm happy to come by and check in 😭

11:22 AM

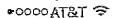
Let me know when you head







Patient



1:28 PM

86%





Brandy



Whele will value a heades.

Brandy Harris

I'm happy to come by and check in 💝

11:22 AM

Let me know when you head home and and I'll come see you and check on this kid for you.

11:40 AM

Soonal is better so ve car make sure you and he are hoth ake)

11:40 AM

Okay. I will text.

11:44 A

Brandy Harris

Okay:)

11:47 AM

Saturday 12:54 PM

And the contractions got too intense so I am on my way

12:54 PM

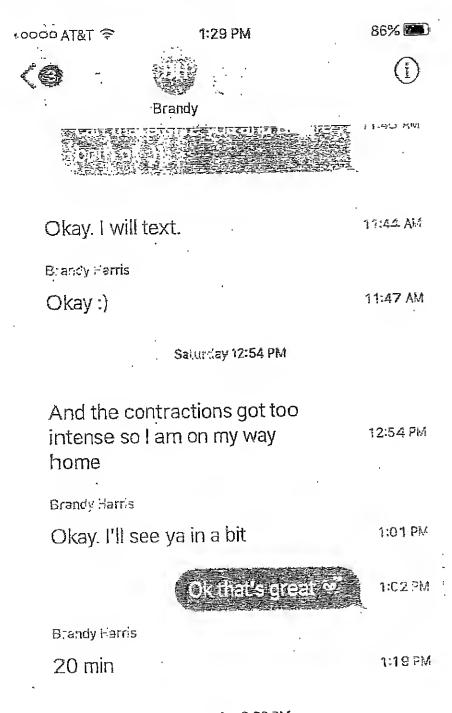






Patient # |

Moments of Bliss Midwifery Services LLC

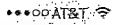


Saturday 8:38 PM

I'm feeling a little flu-ish. My







1:29 PM

86%







Brandy

I'm feeling a little flu-ish. My body is feeling achy and I have a little bit of a fever.

8:38 PM

What is your temperature?
Tou had thought the lated a fever on Thursday when I was there?

8:50 PM

100.5, been fine but he did feel feverish on Thursday

8:53 PM

How are your breasts? The Cat tender lumps? Mastitis can feel like this or you could have a time?

8:54 PM

Definitely not mastitis cause I've had that. It must just be a little virus

9:02 PM

Do you have some vitamin c



i natugare



Patient # /

+ + + + OO AT&T 🗢

1:29 PM

: 86% 🕮







Brandy

I've had that. It must just be a little virus

9:02 当前

9:03 2%

Sunday 7:45 AM

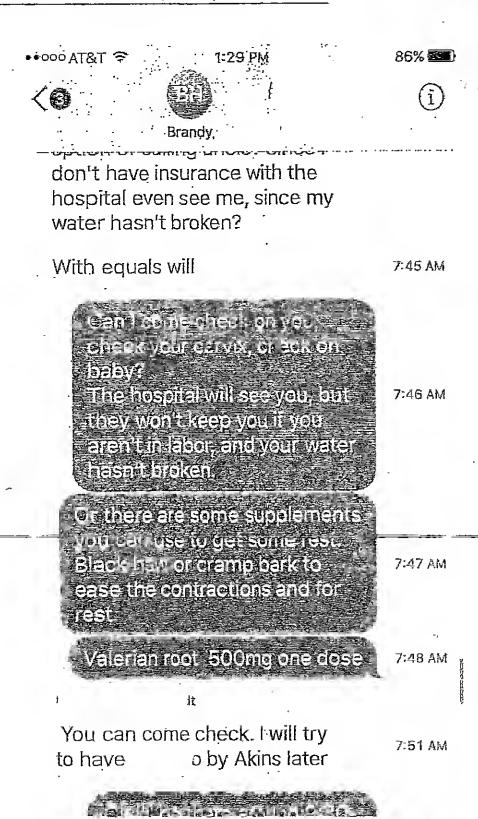
I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hours of mild to moderate contractions. I just don't know how much longer I can do this. Do I even have the option of calling uncle? Since I don't have insurance with the hospital even see me, since my water hasn't broken?

7:45 AM

With equals will

7:45 AM

Patient # |



Patient # |

÷ 7&TA 00000+

1:30 PM

86%





(<u>i</u>)

Brandy

You can come check. I will try to have go by Akins later

7:51 AM

7:52 AM

Sunday 9:33 AM



9:33 AM

. Sunday 5:34 PM

I ended up taking three doses of that medicine and unfortunately it still hurting.

5:34 PM

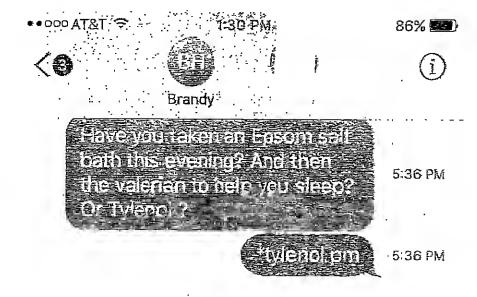
The contractions started getting worse about an hour ago

5:35 PM

Have you taken an Epsom salt bath this evening? And then the valerian to help you sleed?

5:36 FM





Now we just got done with the shower. I hope the birthday party went good. I will take an Epson salt bath and that medicine you brought over to help me sleep

5:36 PM



5:37 PM

I rested for about an hour after you left and then we had to get ready for the shower

5:37 PM

Ok After your bath, you could take the black haw bark again to get

5:39 PM



ilvendage



Is that ok

And it has fibers in it

Patient #/

86% 1:30 PM roodo AT&T 令 . Brandy .. I rested for about an hour after you left and then we had to get 5:37 PM ready for the shower 5:39 PM हिंद्य विकास के अपने के अपने के अपने के जिल्ला 5:39 PM -Monday 4:08 AM I woke up at 3 AM contractions are minute to two minutes 4:08 AM apart and they're lasting 45 seconds to a minute.

RICEVERN PERSENNAMENTS AND ALIES AND

4:34 AM

4:34 AM

•0000 AT&T ♀

1:30 PM



Brandy.

86%



Monday 4:08 AM

I woke up at 3 AM contractions are minute to two minutes apart and they're lasting 45 seconds to a minute.

4:08 AM

Is that ok-

4:34 AM

And it has fibers in it

4:34 AM

Like vernix and hair stuff?

4:35 AM

Yes

4:36 AM

That's normal, is the water clear other than that?

4:36 AM

It was like the color of Pepsi

4:35 AM

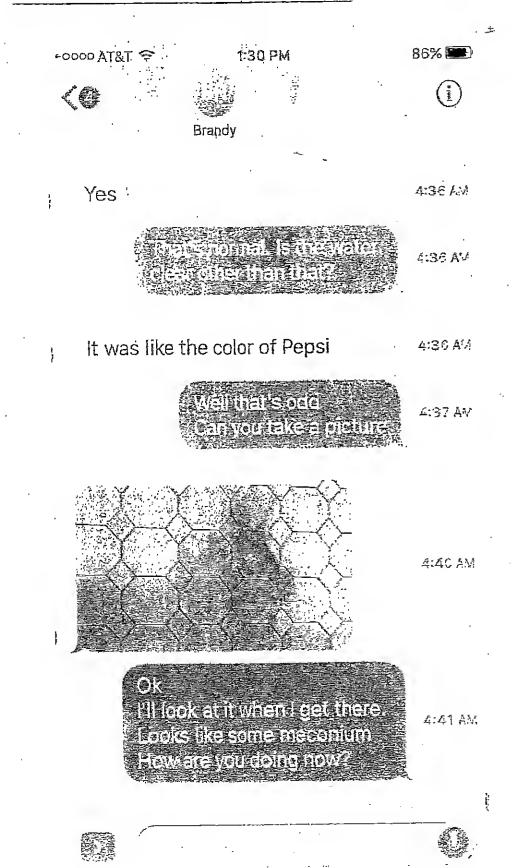
Mel that's odd Can you take a picture

4:37 AM



Patient #/

Moments of Bliss Midwifery Services LLC



Patient #1

+++00 AT&T 令

1:22 PM

89% 🗰



(i)

Text Massage Monday 4:45 AM

This is messing up

§ phone

is

4:45 AM

esk tranks Everything ok? Trankny way!

4:46 AM

There is floating baby poop in the tub

4:48 AM

Is the baby going to be ok?

4:47 AM

्रिक छत्ताग्रहात प्रवेदक है।

4:47 AM

Has baby done a big flip in the last day or so? Sometimes breech bables do this?

4:49 AM

No

4:50 AM

his to this big the oil to be the : They was don't

4:50 AV











•••000 AT&T 🤤

1:23 PM

89% 🔤



No to the big lip or no to the moving of 2

4:50 AM

A big bubblegum pink Mucas thing just came.

4:53 AM

That's eK It's macous: Everythicale.se .ok?

4:53 AM

Just alot of brown

4:57 AM

Im 45min away

If I here is that much book in the reason of the property of things—is talf; to ing ok, and or is baby breech. For either of if ase the need to go to hospital ase can you get a bag ready.

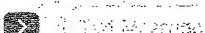
5:00 AM

A bag is ready.

5:00 AM

doesn't know if the baby is ok.

5:00 AM





Patient # |

1:23 PM باري والروايين ماري والروايين 5:00 AM A bag is ready. doesn't know if the baby 5:00 AM is ok. 5:01 AM 5:01 AM Sure 5:13 AM 5:18 AN We are almost there Hoping you are there now 5:34 AM in like (Omin aya) 5:35 AM We are in

Moments of Bliss Midwifery fervices

Moments of Bliss Midwifery Services LLC Dawn Karlin APRN-CNM

INFORMED CONSENT FORM

I hereby acknowledge that I am valuatarily contracting for midwitery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, altergic reaction and respiratory distress. Some other medical problems affecting the februs and newborn which could occur are cord prolapse and other problems relating to the unbillical cord, congenital abnormalities, felial distress, malpresentation, immotivity and post maturity, birth injuries affecting the newborn such as the effects of hyperblirubinemia, blood incompatibility, a normalies, altergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnel, focilities, and equipment for dealing with patential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver auticle of the hospital, I am laking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mather or body requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary; I will be taken to a medical facility and be seen by the physician on call for my care.

My acceptance into the care of a midwife is based an information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met, I will share the responsibility for meeting these requirements as follows:

- I will obtain loborology tests recommended by my midwite.
- A regular schedule of prenolal visits will be fallowed.
- If I slart labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a
 physician for possible transfer of care will evaluate me.
- I om responsible for chaosing a pedialticion to examine the boby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwite's training and experience is designed to enable her to assist the mather with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME.	·	
SIGNED:	DATE: 05/02/2016	
SIGNATURE OF MIDWIFE A MAN LA	8662 Am DATE: 5-2-16	

ADM 11/7/2016, D/C 11/7/2016

All Orders (continued)

DISCHARGE PATIENT	(continued)				
Instance released by: Eppard	, Gregory G, MD (au	uto-released) 11/7/201	6 4:17 PM		
		End of Encounter		<u> </u>	
	<u> </u>	Cita of Effication			
, <u> </u>					

Progress Notes by Brown, Holli A, RN at 11/7/2016 6:00 AM

Author: Brown, Holli A, RN

Service: (none)

Author Type: Registered Nurse

Date of Service: 11/7/2016 6:00 AM Filed: 11/7/2016 9:07 AM

Note Type: Progress Notes

Status: Addendum

Editor: Brown, Holli A, RN (Registered Nurse)

Related Notes: Original Note by Brown, Holfi A, RN (Registered Nurse) filed at 11/7/2016 9:02 AM

Pt is a G2P1 at 36.5wks IUP that presents to triage with complaints of possible SROM. Pt has been seeing midwife Dawn Karlin for her prenatal visits and has approx 10PNV per midwife. Pt states she has been contracting irregularly since 11/2. Pt states she SROM at 0422 and infant "possibly had a bowl movement inside." Pt had a c/s 15mo ago and was planning to VBAC at home. Midwife told pt to come to Mercy after pt notified her of "colored amniotic fluid." Pt states she is contracting q2min and denies any vaginal bleeding at this time.

0543-Attempted to place pt on external monitor. Pt stated she last felt fetal movement in her car on the way to the hospital.

0545-SVE done by HBrown and unknown presenting part felt that was not vertex. Meconium stained fluid noted.

0546-SVE done by E. Veatch

0547- SpO2 placed to determine FHTs

0550-Dr. Bishop called to BS and US called for to assist in locating FHTs

0551-Dr. Bishop at BS for SVE and determine fetus was breech

0553-US on and no FHTs visualized

0556-Pt prepped for c/s and transferred to OR#3

OKLC HEALTH -INFORMATION MANAGEMENT 4300 W Memorial MERCY HOSPITAL OKLAHOMA CITY 4300 W Memorial Rd Oklahoma City OK 73120-8304

Patient # |

ADM 11/7/2016, D/C 11/7/2016

		AUM HIIII	010, 270 11	1112010		
1051 5: 11 M MD -+ 44/7/2046 9	-DE 644					
Date of Service: 11/7/2016 8:06 AM Files	rice: (none)	8:13 AM Vancy M, MD	N	uthor Type: ote Type: I		
OB Admission H&P						
Chief Complaint: contractions						
History of Present Illness: is a 33 y.o. G1P0 at ?37 w states she had been laboring at home sinc Midwife brought her to the hospital (Dawn) for over 24 hours. She states she is feeling	e Wednesd due to unki	ay. She had nown presed	d a previou	is c section	i to monnis	ago.
OB History Gravida Para Term Preterm	AB	SAB	TAB	Ectopic	Multiple	Living
1						
	1 10-1	186-1-64		Delivery	Anes	PTL Lv
# Outcome Date GA Lt 1 Current	or Len/2nd	<u>Weight</u>	SEX	Delivery	Ailea	1 14 14
Active Problems: Abnormal labor		·				
Past Medical History Diagnosis			Da	te		
EndometriosisHistory of shingles			2/1	/2010		
GYNHx: denies history of abnormal paper	smears, de	nies history	of sexually	y transmitte	ed diseases.	
FHx: Non-contributory, denies history of	congenital	anomalies.				
Past Surgical History Procedure Pt denies relevant surgical history			Late	rality	Date	
Social History Substance Use Topics - Smoking status: Types: - Smokeless tobacco:	Forme Cigare Never		14 years	·····		

OKLC HEALTH INFORMATION MANAGEMENT 4300 W Memorial

Patient #/

MERCY HOSPITAL OKLAHOMA CITY 4300 W Memorial Rd Oklahoma City OK 73120-8304

ADM 11/7/2016, D/C 11/7/2016

Operative Report by Bishop, Nancy M, MD at 11/7/2016 8:13 AM

Author, Bishop, Nancy M, MD

Service: (none)

Author Type: Physician

Date of Service: 11/7/2016 8:13 AM

Filed: 11/7/2016 8:19 AM

Note Type: Operative Report

Status: Signed

Editor: Bishop, Nancy M, MD (Physician)

Operative Procedure Note

NAME:

MRN:

DATE OF OPERATION/PROCEDURE:

11/7/2016

PREOPERATIVE DIAGNOSES:

1. Intrauterine pregnancy at ?37 weeks

2. Insufficient prenatal care

3. S/p failed breech VBAC at home

4. NRFHTs

5. Previous c/s X 1

POSTOPERATIVE DIAGNOSES:

SAME

PROCEDURE PERFORMED:

Repeat low transverse cesarean section.

SURGEON:

Nancy M Bishop, MD

ASSISTANT:

Scrub techs and Dr. Lewis

ANESTHESIOLOGIST:

Dr. Caldwell

ANESTHESIA:

Spinal

IV FLUIDS:

Crystalloid. 1000mL

ESTIMATED BLOOD LOSS:

800mL

URINE OUTPUT:

200mL of clear urine via foley catheter.

OKLC HEALTH INFORMATION MANAGEMENT 4300 W Memorial

Moments of Bliss Widwifery Services LLC

are you currently monogamous?

do you have pain during intercourse?

birth control used in the past PM

complications with birth control Hormone imbalance

have you ever had any of the following conditions?

Ovarian cysts - Active Poos. Current amount or severity unknown.

Prenatal Visits							
visit date Wks	Edema Wi BP	Pulse	FH F		Protei	Int. Exam	Labs
5/12/16, 10:12 AM 9.0	None; 193 1-124/86	83	Cwd · N			No	Yes.
supervised by performed by Dawn Karlin Dawn Karlin		visit type In Person		Y	eadaches es		
headache comments Occasional-thinks it is allergi	visual disturbances ies No	dīzziness No	fainting No	G1 signs/sympto No	oms dysuria (S No	\$&S of UTT)	
abnormal vaginal discharge No	bleeding bleeding con Yes Mostly brow	nments vn spotting, l	had some br	ight red spottin	g yesterday		, .
Back/hlp/pubic pain itchine Yes No	ess Jegoramps vario No No		injuries Pr No No	e-E signs/sympt o	oms Emotiona Normal	il/Mental stat	tus
fatigue nausea vomiting Yes Yes No	fever of 101 or more No		er comments und ligament	contrac pain None			
administered Rhogam per No Yes	formed urine test ketor Neg	es nitrites Neg	leukocytes Trace	color clar Light Cle			•
had physical exam HEENT Yes Norma	•		art abdor rmal Nom	ninal & back Ial	neum breast Normal Defen	s comments red	
	oap performed labs ord No Yes		rdered details atal Panel	labs ordered Vitamin d l	i notes evel, progestero:	ne, bHcg qu	ıant
ultrasound ordered ultraso Yes She is	ound ordered notes s going to call to schedul	e with ultraso	ound unlimite	· meds/suppled No	ements		
payment entered under billing Yes	? next vîsît date 6/9/16, 10:00 AM						
comme S: Saw loday for ne	ew ob appt. Reports son	ne nausea, a	so has been	having spollin	g mostly brown t	out had	<u> +-</u>
red spotting yesterday. Des	iring homebirth and seel	ang midwiter	у сале.				
O: see flowchart A: 30yo G2P1001 w/IUP at	:9w0d by LMP, scwd, 1st	t trimester ble	eeding				
P: Discussed midwifery car consents signed. New ob la	e diet and exercise for o	rechancy an	nd recommen	nded weight ga	in. Questions an	swered,	
Luctimited she will call to so	hedule 1st trimester u/s.	Reviewed 1.	st trimester (precautions, W	III ITC 4WKS OF SOC	oner pm.	
Planning to schedule with t	iltrasound unlimited for 1	st trimester	and anatomy	r scan ultrasou	nd.		
signed off by Dawn Karlin on 5/13/16, 7:	. MA 80						
БАЯЛБ, 10:13 AM 19.3 .		6 73	Cwd :	N/A 1	Trace / Nec	No .	. l. No
supervised by performed	<u> </u>	visit type				ual disturban	
	fin Lauren Scarbroug			15	No No		
dīzziness fainting GI sig No No Yes	gns/symptoms GI com Diarrhe	nents a yesterday		kSofUΠ) ab No	mormal vaginal dis O	scharge	
bleeding Back/hip/pubic p No Yes	ain pain comments Seeing chiro and	starting mas	îtchîr sage No	ess leg cram No	ps varioose ve No	ins înjurie No	25
Pre-Esigns/symptoms E	motional/Mental status	fatigue fat	igue commer	its nausea	vomiting feve	of 101 orm	

Patient #3

Moments of Bliss Midwifery Services LLC

	contract None	ions	FM -	administered No	3	eriormed ume test es	keiones Neg	niiriites Neg	leukocytes Neg	color Concen iraie d
darity Clear	blood Neg	рћ 6	had pi No	hysical exam	labs ordere No	d utrzsound order No	red medi No	s/supplem		isii date 6, 11:30 AM
O: see A: 30yo desinna	re spotii flowchai G2P10 g vbac	ng sin fi O1 w/l	ce sia UP ai	rting the progr 9w3d by 1st t	esterone. rimester w/s,	e nausea, reports o scwd, 1stirimester wered. Will ric 4wks	bleeding, h	x previou		esn't had

Prenatal Visits	
visit date Wks Edema Wt BP Pulse FH Fe FHT Protei Int. Exam, Leb.	5
7/6/16, 11:49 AM	
supervised by performed by assisted by visit type visit duration headaches visual disturbances Dawn Karlin - Dawn Karlin Lauren Scarbrough In Person - Office 35 No No	
dizziness fainting GI signs/symptoms GI comments dysuria (S&S of UTT) abnormal vagimi discharge No No Yes Nausea No Yes	1
VD comments bleeding Back/hip/pubic pain Greenish mucous, denies pain or itching or odor, feels like it is normal No Yes	,
pain comments itchiness leg cramps varicose veins injuries Pre-E signs/symptoms Seeing dr Duncan for chino No No No No No	,
Emotional/Mental status fatigue fever of 101 or more other Normal No No Yes	
contractions FM Having some aching lower abd when first wakes up, feels better after urinating and None + being awake, moving around	
administered Rhogam performed urine test ketones nitrites leukocytes color darity blood ph No Yes Neg Neg Trace Concentrated Clear Neg 6,5	
had physical exam labs ordered ultrasound ordered meds/supplements next visit date No No No No 8/4/16, 11:30 AM	
comme S: Saw today for 4wk RTO appt. Reports some nausea, reports overall feeling good. Denies vb Dawn Karlin on or cramping. signed off by Dawn Karlin on 7/6/16, 12:28 PM	f
O: see flowthart A: 30yo G2P1001 w/IUP at 13w6d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac	
P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner pm. 8/4/15 11:32 AM 18.0. None 205 132/85 92 Cwd N/A 131 Neg / Neg No Neg Neg No Neg Neg No Neg Neg No Neg Neg	
supervised by performed by assisted by . visit type visit duration headaches	
DAVIT (Alli) DAVIT (Alli) Laber, Scalbodgi. 117 Class. State	
headache comments visual disturbances dizziness fainting GI signs/symptoms Bad headache the other day, took Tylenol No No Yes	
GI comments dysuria. (S&S of UTI) N/v one day before lunch, she feels like she let her BS drop too low; reflux No	
abnormal vaginal discharge bleeding Badvhip/pubic pain pain comments itchiness leg cramps No Yes SI joint-chiro, yoga and massage No No	
varicose veins injuries Pre-E signs/symptoms Emotional/Mental status fatigue fever of 101 or more other No	

performed union test ketones nitrites leukocytes color clarity contractions FΜ administered Rhogam Neg +1 Light Clear None Νo Neg . had physical exam labs ordered ulinasound ordered meds/supplements nexi visit date blood Νo 9/8/16, 11:30 AM No No Neg comments today for 4wk RTO appt. Reports some sinus congestion with headache. Denies vb or cramping. D: see flowchart A: 30yo G2P1001 w/IUP at 18w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac P: Reviewed 2nd trimester precautions. Questions answered. Recommended magnesium for headache, may take with TylenoL Will rtc 4wks or sooner pm. signed off by Dawn Karlin on 8/4/16, 1:01 PM

visit date	Wks	Edema	Wt	ве !	Pulse !	FH	· Fe		нт і	Protei	Int. Exam	Lahs
9/9/16, 1.0:08:AM	1				93		r, N/A		46	Tráce/Ne		
supervised by per	rformed by rwn Karlin	assist		v	isit type	n - Office	visito	luration		 	ual disturbanç	
dizziness fainting No No	Glsigns No.	s/symptom	s dys No	บกัล (S&S	of UTT)	abnor No	mal vagī	nal disch	side	bleeding No		
Back/hip/pubic pain No		mments Dr Dunc	an for ch	iropractio	care	itchiness No	leg c No	ramps	varicos No		injuries No	
Pre-E signs/symptom No	ns Emo Non	öonal/Mer nal	itai status	fatig No	ue na Na		omiting lo	tever No	of 101 ca		ther es	
other comments Questions about un	nbilical he		tractions casional			omments ning with		igament	pain du	ring walkin	FM g +	
administered Rhogan No	n perfo Yes	nned unn		ketones Neg	niirite Neg	s leuko +1	cytes	color Conce	ntrated	clarity Cloud y	blood Neg	
ph s.g. had pi 7 1.D15 No	hysical exa	m labs No	ordered	ultrasi No	ound ord		neds/su No	pplemen		ext visit date 0/6/16, 3:00	РМ	
comments	lay for 5wi											
A 30yo G2P1001 v vbac, 2yc P: Reviewed 2nd tr											-	
d level next visit. signed off by Dawn Karlin on 9/9	V16, 10:43	IAM	•		-							
signed off by	•		221 1 1	22/82	102	27	(Jiansy		128.	Trace / Tra	ce No	Yes
signed off by Dawn Karfin on 9/9 10/6/16, 3:09 PM	•	None .	ed bý	ì	isit type		visit	duration	128 head Yes		œ No. 🐃	Yes
signed off by Dawn Karfin on 9/9 10/6/16, 3:09 PM	27.0 27.0 Exformed by awn Karlin	None assist	ed by n Scarbr visual r	ì	isit type n Perso ces		visit	duration	head Yes signs/sy	laches	œ No.∵	Yes
signed off by Dawn Karlin on 9/9 10/6/16, 3:09 PM supervised by pe Dawn Karlin Da headache comments Decasional, goes a Gl comments Constipation, takin	27.0 tomed by awn Karlings	None assist autre tradition dysun	ed by n Scarbr visual r	rough l disturban UTI) a	isit type n Perso ces	n - Office dizziness	visit (45 faintir No	duration ng GI Ye	· head . Yes signs/syn s eding	laches		"Yes
signed off by Dawn Karlin on 9/9 10/6/16, 3:09 PM supervised by pe Dawn Karlin Da headache comments Dccasional, goes a	27.0 1 aformed by awn Karlin s away with g probiotic itchine	None assist Laure hydration dysuria No	ed by n Scarbr visual i No	rough l disturban UTI) a	isit type n Perso ces abnoma	n - Office dizziness No	visit (45 faintir No lischarge	duration ng GI Ye ble	head Yes signs/syn s eding	mptoms Back/hip/pr Yes		Yes
signed off by Dawn Karlin on 9/9 10/6/16, 3:09 PM supervised by pe Dawn Karlin Da headache comments Occasional, goes a Gl comments Constripation, taking	27.0 Expormed by awn Karlings away with away with itching or No	None assist aufre laufre hydration dysuris No less leg No ligue na	ed by or Scarbi Visual i No i (S&S of cramps	rough l disturbani UTI) a l varicos	isit type n Perso ces abnorma No e veins	n - Office dizziness No I vaginal d injuries	visit (45 faintir No lischarge No	duration og GI Ye ble	head Yes signs/syn s eding	mptoms Back/hip/pr Yes is FM		"Yes



labs ordered notes ultrasound ordered lab ordered details had physical exam labs ordered No thrigs, CBC, and vitamin dilevel Other Nο Yes meds/supplements nexi visii date 10/27/16, 11:00 AM . No comments today for 4wk RTO appt overall feeling good. Denies vb or cramping. U: see flowchart At 30yo G2P1001 w/IUP at 27w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc P: Reviewed 3rd frimester precautions, s/sx of pil, and daily finc. Questions answered. Will rib 3wks or sooner pm. Thr gs, CBC and vitamin d level today. signed off by Dawn Karlin on 10/6/16, 3:46 PM

	ate i	Wks Ec	lema .Wt	BP	Pulse	FH	Fe	FHI	Pro	nei	Int Exam	Lab
0/27/16, 1 supervised		30.0 Normed by	one 217	123/74	visit type	30	ROT visit du		adaches		No Ldisturbanci	No es
Dawn Kar		wn Karlin	Lauren Scar	brough	In Person	- Office	30	N	0	No		
dizziness No	fainting No	GI signs/s No	• 1	tysuria (Sã Vo	3.5 of UTI)	abnor No	mal vagina	d discharge	blee No	ding		
Back/hip/p Yes	ubic pain	pain com Pelvis w	ments as hurting afte	er walking	around do	wotowr	, saw chi	ro, feels be	tter toda	itchir y No	ness	
leg cramps No	varicos No		injuries Pre No No	-E signs/sy	ymptoms	Emotic Norm	onal/Menta al .	र्धाक्रीय है	fatigue No	nausea No	vomiting No	
fever of 10 No	or more		contractions Occasional		ions comme two a day		FM adm ++ No	ninistered Ri	nogan	perform Yes	ned unine tes	ਸ਼ੇ
ketones Trace	nitriles Neg	leukocytes Neg	color Concentra	dari ted Cle	-	ph 7		had physica No	l exam	labs on No	dered	
ultrasound No	ordered .	meds/suş No		ayment er fes	ntered unde	r billing?		visit date 0/16, 4:00	PM			
(): see tir	wchart		RTO appt. Ov									
O: see flo A: 30yo (vbac, 2vo P: Review signed off	tod owchart 62P1001 v c wed 3rd tri by	w/IUP at 30	wod by 1st tri	mester w/s	s, scwd, 1s	st trimes	ter bleedi					
O: see fic A: 30yo (vbac, 2vc P: Review signed off Dawn Ka 11/10/16, supervise	tod owchart 62P1001 v wed 3rd tri by din on 10/ 4:32 PM d by pe	w/IUP at 30 mester pre 27/16, 12:1	twood by 1st tri cautions, s/sx 25 PM Mild 218 assisted by	mester u/s of ptl, and	s, scwd, 1s d daily fmo	st trimes Quest	ter bleedi	vered. Will i	rtc 2wks	or soone	er pm. No al disturban	N es
O: see fic A: 30yo (vbac, 2vc P: Review signed off Dawn Ka	tod bwchart 52P1001 v wed 3rd tri by utin on 10/ 4:32 PM d by pe utin Da	w/IUP at 30 mester pre 27/16, 12:2	hw0d by 1st tri cautions, s/sx 25 PM Mild i 218 assisted by Lauren Sca	mester u/s of pti, and 130/83	s, scwd, 1s d daily fmo	st trimes Quest 32	ter bleedi ions answ ROA visit d	vered. Will i	rtc 2wks Tra Tra headache No	ce / Neg s visu No	er pm. No al disturban	
O: see flo A: 30yo (vbac, 2vo P: Review signed off Dawn Ka 11/10/16, supervise Dawn Ka dizziness No	tod bwchart 52P1001 v wed 3rd tri by utin on 10/ 4:32 PM d by pe utin Da	mester pre 27/16, 12:1 32.0 32.0 fromed by awn Karlin GI signs	cautions, s/sx 25 PM Mild 218 assisted by Lauren Sca	of ptl, and 130/83 arbrough dysuria (S	s, scwd, 1s d daily fmo , 97 visit type In Perso	st trimes Quest 32 n - Office above	ROA Visit d e 45	vered. Will i	ric 2wks Tra headache No e ble No	ce / Neg s visu No	er pm. No al disturbant	es
O: see flo A: 30yo (vbac, 2vo P: Review signed off Dawn Ka 11/10/16, supervise Dawn Ka dizziness No Back/hip/	tod bwchart 52P1001 v wed 3rd tri by utin on 10/ 4:32 PM d by pe utin Da fainting	mester pre 27/16, 12:2 32.0 32.0 signs No itchines	cautions, s/sx 25 PM Mild 218 assisted by Lauren Sca s/symptoms	of ptt, and 130/83 arbrough dysuna (S No s varies	s, scwd, 1s d daily fmo 97 visit type In Perso 8&S of UTI) ose veins	st trimes ; Quest 32 n - Office above No injuries	ROA visit d vi	rered. Will in 129 uration in all discharge	tic 2wks Transported to the adache No e ble No toms	or soone ce / Neg s visu No eding	er pm. No al disturbant	es
O: see the A: 30yo (vbac, 2vc P: Review signed off Dawn Ka 11/10/16, supervise Dawn Ka dizziness No Back/hip/ No fatigue Yes contraction	tod bwchart 62P1001 v wed 3rd tri by utlin on 10/ 4:32 PM d by pe utlin Da tainting No public pain nausea No ons comme	mester pre 27/16, 12:2 1 32.0 1 32.0 riomed by awn Karlin GI signs No itchines No vomiting No	cautions, s/sx 25 PM Mild 218 assisted by Lauren Sca s/symptoms s leg cramp No fever of 101 of No éder	of ptt, and 130/83 arbrough dysuna (S No s varioo	s, scwd, 1s d daily fmo i 97 visit type in Perso 3&S of UTI) ose veins other of Yes C	32 n - Office abnot No injuries No arpal turninistere	ROA visit d vi	rered. Will in 129 uration in all discharg signs/symp	tic 2wks Transported to the adache No e ble No toms	ce / Neg s visu No eding Emotiona Normal	er pm. No al disturbant	es



meds/supplements next visit date ultrasound ordered 11/23/16, 1:30 PM Νо No сотт.

today for 2wk RTO appt. Overall feeling good. Denies vb or lof. S: Sav

O: see flowchaπ

A: 30yo G2P1001 w/IUP at 32w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of ptl, and daily fmc. Questions answered. Will rit 2wks or sooner pm.

signed off by

Dawn Karlin on 11/10/16, 4:55 PM

	<u></u>			<u></u>				 	
visit date	Wks Edema	Wt BP	Pulse	гн	Fe	FKT	Protei	int. Exam	Labs
11/23/16, 1-47 PM,	33.6 None	219 1197	3 119	- 33	ROA'-	145	Trace / Neg	No .	, No
		isted by Iren Scarbroug	visit type h In Persor	ı - Office	visit dun 45	ation head No	laches visua No	l disturbanc	æs
dīzziness falnting No . No	G1 signs/sympt No	oms dysuña No	(S&S of UTI)	abnon No	nal vaginal	discharge	bleeding No		
Back/hip/pubic pain Yes	pain comments Pelvic discom		leg cramps No	varios No	se veins		Pre-E signs/syr No	andiqu	
Emotional/Mental state Normal	us fatigue Yes	fetigue commer Resting when				fever of 101 o No	r more othe No	er	
Occasional Feltin	actions comments nore Braxton, his seling them this	cks type UC in	the last week	c, no thing	strong jus	st feeling tigh	fM intess, ++		
administered Rhogam No	performed un Yes	rine test ket +3	ones nitrites Neg	leuko +2		olor oncentrated	clarity blo Clear Ne		
s.g. had physical 1.020 No	exam labs or No	dered ultrase No	ound ordered	meds/: No	supplemen		it date 5, 2:00 PM		
comme S: Saw O: see flowchart A: 30yo G:2P1001 w vbac, 2vc P: Reviewed 3rd trin 2wks or sooner-pm. signed off by Dawn Kartin on 11/2	/IUP at 33w6d t	nis, s/sx of pដ,	u/s, scwd, 1s	st trimest	er bleeding				-
12/5/16, 2:15 PM	35.4 None	.125/	81 106	36	ROA	134	ľ. j. š.	No	. No
		isted by uren Scarbroug	visit type gh In Perso	n - Home	visit dur 90	ation hea No		al disturbani	ces
	GI signs/sympt	toms dvsuďa	(S&S of UTI)	abnor	malamaina				
dīzziness 'fainting No No,	No	. No	t (SAS) OF OTH	No	mai vayina	discharge	bleeding No		
	No pain comment	. No	itchiness			discharge cose veins	_		•
No No No , Back/hīp/pubīc pain	No pain comment A little bit of k	No s.	itchiness No fatigue na	No leg cran No wsea v	nps vario No omitting		No Injuries No	er FM ++	•
No N	No pain comment A little bit of le s Emotional/i Normal	No s. ower back pain Mental status	, itchiness No fatigue na No Ye I physical exar	No leg cran No susea v es N	ops varion No omiting Io ordered	cose veins fever of 101 c	No injuries No other No No No details ultra		red

Patient#3

comm

S: Sat

oday for 2vk home visit appt. Overall feeling good. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 35w4d by 1st trimester u/s, sowd, 1st trimester bleeding, hx previous c/s x1, desiring

P: Reviewed 3rd trimester precautions, e/sx of pit, and daily time. Questions answered, Will ric next week or sooner

pm. Gbs today.

signed off by

Dawn Karlin on 12/5/16, 2:46 PM

		10//	ema. Wt	BP	Pulse	FH	Fe	EHI.	·- <u>i</u>	Protei	int. Exam	Labs
visīt d	!-	Wks ! Ed			_,!	34	N/A	130			No	No
12/15/16, 9 supervised Dawn Kar	lby perio	37.0 ! No ormed by on Karlin	assisted by Lauren Sca		visit type		visit du	ation I	neadach No	ss visus No	disturbanc	
dizziness No	fainting 'No	Glisigns/s No	ympions	dysuria (9 No	S&S of UTT)	abnon No	mal vagina	l discharg	N			
Back/hip/p Yes	nteq aldur	pain com Seeing c			leg cramps No	varicos No	e veins	injunes No	Pre-E No	signs/symp	otoms	
Emotional Normal	/Mental statı	ıs Emo Had	iional/Mental one day of l	status cor being ner	mments vous and so	ared for	birth, the	next day	she fel		atigue Vo	•
nausea Yes	vomiting No ·	fever of 10 No	l1 or more		contractions Occasional	FM ++	adminīste No	red Rhoga		erformed u /es	rine test	
ketones Neg	color Concentra	dari ated Cle	-	/sical exa	n labs on No	dered	nuozatiu No	d ordered		visit date 22/16, 10:0	MA O	
Organ fl	cascabar4				sis back into							
vbac, 2v P: Revie discusse signed of	c wed 3rd triced bpp if de: if by	mester pre sired or if t	cautions, s/s unable to do	x of labo	u/s, sewd, 1: r, and daily t nt. Will ric ne	inc. Qui	estions ar	swered, i		c/s x1, des		
vbac, 2v P: Revie discusse signed of Dawn Ka	ewed 3rd trired bpp if dea fi by arlin on 12/ 10-22.AM ed by per	mester pre sired or if t 15/16, 10:2	cautions, s/s unable to do 22 AM None 223 assisted b	ex of labo kick cour	r, and daily int. Will ric no	inc. Quiext week	estions ar cor soons HOT visito	r pm.	o heada No	d fetal kick	counts-	A.
vbac, 2v P. Revie discusse signed of Dawn Ka 12/22/16, supervise	cewed 3rd trined bpp if desifiby artin on 12/ 10:22 AM ed by per artin Da	mester pre sired or if u 15/16, 10:2 38.0 formed by wm Karlin	cautions, s/s unable to do 22 AM None 223 assisted b	x of labo kick cour 113/7 y carbroug	r, and daily the new trial trice new trial trice new trial t	inc. Quiext week	estions ar	r pm.	o heada No	d fetal kick Neg / Neg ches vis	counts-	A.
vbac, 2v. P. Revie discusse signed of Dawn Kanan	cowed 3rd tringed bpp if desif by arlin on 12/10:22.AM ed by per arlin Da s fainting No	mester pre sired or if u 15/16, 10:2 38.0 formed by wn Karlin GI signs	cautions, s/s unable to do 22 AM None 223 assisted to Lauren S	x of labo kick coun 11377 y carbroug dysuria	r, and daily to not. Will ric not. 71 88 visit type th In Person	inc. Qui ext week 37 en-Offic No	HOT Visit of Sommal Vagi	r pm.	o heada No	d fetal kick Neg / Neg ches vis	counts-	,l
vbac, 2v. P. Revie discusse signed of Dawn Ka 12/22/16, supervise Dawn Ki dizziness No VD comr Every ni pain con	cowed 3rd trired bpp if des fi by arlin on 12/ 10:22 AM ed by per arlin Da s fainting No ments ow and the	mester pre sired or if u 15/16, 102 38.0 38.0 formed by twn Kartin GI signs No	cautions, s/s unable to do 22 AM None 223 assisted to Lauren S	tx of labo kick cour 113/7 y y carbroug dysuria No bleeding	r, and daily to not. Will ric not will ric not wish type to In Person (S&S of UT!) Back/hip/pyes itchiness	inc. Qui ext week 37 en-Offic No	ROT SOONE ROT VISITOR SOONNAL VARIANTA	r pm.	neviewe heada No rge	d fetal kick Neg / Neg ches vis	counts-	,l
vbac, 2v. P. Revie discusse signed of Dawn Ka 12/22/16, supervise Dawn Ki dizziness No VD comr Every ni pain com	cowed 3rd trired bpp if des fi by arlin on 12/ 10:22 AM ed by per arlin Da s fainting No ments ow and the	nester pre sired or if u 15/16, 102 38.0 138.0 formed by twn Kartin GI signs No	cautions, s/s unable to do 22 AM None 223 assisted to Lauren S s/symptoms of mucous mphysis, see stional/Mental	y carbroug dysuria No bleeding chiro	r, and daily to not. Will ric not will ric not wish type to In Person (S&S of UT!) Back/hip/pyes itchiness	inc. Quiext week 37 on - Office No leg con No	ROT SOONE ROT VISITOR SSOONNAL VARIANTES VARIA	nswered, per pm. 14 luration nal discharancese version	heada No rge	Neg / Neg oches visi	counts-	A.
vbac, 2v. P. Revie discusse signed of Dawn Kanana k	cowed 3rd trired bpp if desif by arlin on 12/10:22.AM ed by per arlin Da s fainting No ments ow and these sacrum and	mester presired or if units of 15/16, 102 15/16, 102 138.0 15/16, 102 15/1	cautions, s/s unable to do 22 AM None 223 assisted to Lauren S s/symptoms of mucous mphysis, see stional/Mental	y carbroug dysuria No bleeding No status	r, and daily of the new control	inc. Qui	AOT SOONE ROT SOONE VISITO SE 35 OFFICE ASS OFFICE ASS The second according to the second accord	nswered, programmer in the second sec	heada No rge	Neg / Neg ches vist No nijuries No nausea Yes ketones	No ual disturbative	i Noces
vbac, 2v. P. Revie discusse signed of Dawn Kanana Market Signed of Dawn Kanana Market Signed of Pre-E signed o	cowed 3rd trired bpp if desified bpp if desified artificial and 12/10-22 AM ed by per artin Dass fainting No ments ow and their ments sacrum and gns/symptom 101 or more	inester presired or if units in 15/16, 102 in 38.0 in 38.0 in 38.0 in chunks on chunks	cautions, s/s unable to do 22 AM None 223 assisted b Lauren S s/symptoms of mucous mphysis, see stional/Mental mal contraction	ty of labour his country y carbroug dysuria No bleeding No status	r, and daily to the control of the c	inc. Quiext week 37 on - Office No beg con No Wental st initable ed Rhoga	POT visit of the second	nswered, programmed in the second sec	heada No rge	Neg / Neg ches vision No	vomiting No	A.



соттеп

6: Saw L / today for 1wk no appt. Has had some back pain, otherwise feeling good. Denies vb or lof.

O: see flowchart

At 30yo G2P1001 w/IUP at 38w0d by 1st frimester tr/s, sowd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fine. Questions answered. Will ric next week or sooner pm.

signed off by

Dawn Karlin on 12/22/16, 10:52 AM

visit date		,									
	Wks	Edema	Wt	BP	Pulse	FH	Fe	FHT	Profei	Int. Exam	Labs
12/29/16, 9:13 AM	39.0	None	223 -	_ (05/63		. 3B	RDT	134	. Trace / Neg	No ,	No -
	rtonned b wn Karli	•	sted by nen Sca	arbrough	visit type In Perso	: on - Offica	visīt dur e 30	ation hea No		al disturbanc	es
dizziness fainting No No	GI sig No	ns/sympto	ms	dysuria (Sa No	&S of UTT)	abno No	rmal vagina	discharge	bleeding No		
Back/hip/pubic pain Yes		omnents c discomf			chiness Io	leg cran No	nps vario No	ose veins	injuries ⁻ No		
Pre-E signs/symptom No		notional/M xmal	ental st	atus fai No				fever of 101 No	or more oth No		
		comments frequent			M EFW F 715	adminis No	stered Rhog	am perfo	rmed urine t <u>es</u> t	· ketones Neg	
nitrītes leukocytes Neg +1		centrated	ciarit Clou		•	s.g. 1.025	had physics No		bs ordered lo	٠.	
ultrasound ordered No	meds/ No	supplemer		next visit da 1/3/17, 10:							
comme S: Saw od	ay for 1v	vk rtc app	ot. Has	had some	pelvic pa	iin, other	wise feeling	a good. Den	ies vb or lof.		
O: see flowchart								, ,,	10 01 ,01,		
A: 30Vo G2P1001 V				•				•			
vbac. 2vc	WIO! AL	39wod by	/ 1st tri:	mester w/s	, scwd, 1	st bimes	ter bleeding	, g, hx previou	us c/s x1, desi	nng	
vbac, 2vc										•	
vbac, 2vc P: Reviewed 3rd trii sooner pm.										•	
vbac, 2vc P: Reviewed 3rd tris sooner pm. signed off by	mester p	recaution								•	
vbac, 2vc P: Reviewed 3rd trissooner pm. signed off by Dawn Karlin on 12/2	mester p 29/16, 9	recaution	ıs, s/sx	of labor, a	and daily :	frac. Que	estions ansi	wered. Will r		or	
vbac, 2vc P: Reviewed 3rd trii sooner pm. signed off by Dawn Karlin on 12/2	mester p 29/16, 9	:50 AM	220		and daily	friic. Que	estions ansi	wered. Will r		or	. No
vbac, 2vc P: Reviewed 3rd trissooner pm. signed off by Dawn Karlin on 12/3 1/3/17/10:01 AM supervised by per	mester p 29/16, 9	50 AM Mild	220	of labor, a	ind daily	friic. Que	i - ROT	wered. Will r	to next week	or	.``No
vbac, 2vc P: Reviewed 3rd tris sooner pm. signed off by Dawn Karlin on 12/2 1/3/17, 10:01 AM supervised by per Dawn Karlin Da headache comments Occasionally feels of	mester p 29/16, 9 1. 39.5 torned b wn Karli	50 AM Mild- y assis	220: sted by	of labor, a	. : 99 · · · visit lype In Perso	-40 °	i - ROT visit dun 2 30 visual	wered. Will r	Trace / Neg	or }⇔Nò ∴	.`\No
vbac, 2vc P: Reviewed 3rd trissooner pm. signed off by Dawn Karlin on 12/2 1/3/17, 10:01 AM supervised by per Dawn Karlin Da headache comments	29/16, 9 29/16, 9 39.5 formed b wor Karli	50 AM Mild- y assis	220 sted by ren Sca	of labor, a		40 ··· on - Office	i - ROT visit dun 2 30 visual	wered. Will r	Trace / Neg	or No fainting	. No
vbac, 2vc P: Reviewed 3rd trissooner pm. signed off by Dawn Karlin on 12/2 1/3/17, 10:01 AM supervised by per Dawn Karlin Da headache comments Occasionally feels of drinks something GI signs/symptoms	29/16, 9 39.5 formed bown Karli on verge dysuri No	50 AM Mild -) y assist L'aur of heada	220 Sted by ren Scauche bu	123/85/ arbrough at goes awa abnormal		40 ··· on - Office	i ROT visit duries 30 visual or No bleeding	wered. Will r	Trace / Neg daches dizziness No	or No fainting	-
vbac, 2vc P: Reviewed 3rd tris sooner pm. signed off by Dawn Karlin on 12/2 1/3/17, 10:01 AM supervised by per Dawn Karlin Da headache comments Occasionally feels of drinks something GI signs/symptoms No pain comments	29/16, 9 39.5 39.5 formed bown Karli No itchin No nments	SO AM Mild y assism Laur of heada a (S&S of ess leg	220 sted by ren Scauche bu	123/85/ arbrough abnormal No s various	visit type in Person ay when a vaginal dis	40 ·· on - Office she eats scharge	i ROT visit during 30 visual or No bleeding No :	wered. Will r 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trace / Neg daches dizziness No /pubic pain	fainting	-
vbac, 2vc P: Reviewed 3rd tris sooner pm. signed off by Dawn Karlin on 12/2 1/3/17, 10:01 AM supervised by per Dawn Karlin Da headache comments Occasionally feels of drinks something GI signs/symptoms No pain comments Seeing chiro weekly fatigue fatigue com	29/16, 9 39.5 formed b formed b win Karli on verge dysuri No itchin / No nments is gettin	SO AM Mild Sassism Laur of heada a (S&S of less leg No	220 sted by ren Scauche bu	of labor, a 123/85/ arbrough it goes awa abnormal No s various No	visit type In Perso ay when s vaginal de	40 ·· on - Office she eats scharge	i - ROT visit dure 30 visual or No bleeding No Pre-E si	wered. Will r 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trace / Neg daches dizziness No /pubic pain Normal	fainting	-

Moments of Bliss Midwitery Services LLC

Prenatal Visits

•	blood Neg	ph 7	s.g. 1.010	had physical exam No	labs ordered No	užijasound ordarad No	meds/supplements No	next visit date 1/10/17, 10:00 AM
	comme S; Savi		de	ay for twik nic appt. H	as had some na	ausea and back pain,	otherwise teeling goo	d. Denies vb
	חבם יו	How	chart				E . Laurenderse ele	بخدود محرد
			w 10019	/IUP at 39w5d by 1st	trimester Ws, s	cwd, 1st frimester ble	æding, hx previous de	sx), desining
		riewe	d 3rd trir	nesier precautions, s	/sx of labor, and	l daily imc. Questions	answered. Will ric ne	exiweek or
	soonel signed	•	,					
				17, 10:19 AM				
								

visit date	Wks	Edema i	, Wt	BP	Pulse	<u> </u>	Fe	FH-	11	Protei	InL Exam	
/10/17, 10:10 AM	40.5	Mild	223	123/80	; B6	39	Vertex	13	4	Neg / Neg	. No	No
	performed b Dawn Karli	•	type erson		isit dura 10	ion he N	eadaches O	visual di No	isturban	nces dizzi No	iness	
ainting Glaigr No No	ns/symptoms		omment ser stor		a (\$&\$ c	of UTI)	abnormal v Yes	vaginal d i	scharge			
VO comments Reddish brown :	mucous plu	g this mo	oming, a	about a qu	arler siz	bleed e No	ing Back Yes	k/hip/pubi	ic pain	itchiness No	No No leg czam	25
varicose veins No		Pre-E sigo No	ns/symp		motional Iormal	Mental st	-		nausea Yes	vomiting No		
fever of 101 orm No	ore othe No		ctions sional	edema r Hands	notes	FM adri ++ No	ninistered F	Phogem	yerfo Yes	omed urine to	est ketor Neg	29
nitrites leukoc Neg Neg		r ncentrated	clar d Cle		l ph 6	s.g. 1.020	had physic No	alexam	labs No	ordered		
ultrasound orderd No	ed meds No	/suppleme	ents	next visit d 1/16/17, 1			į					
Encouraged by	seeing blo	ody muco	ous plug	g this am. (Denies \	b or lof.				se feeling go s c/s x1, des		
S: Saw Encouraged by O: see flowchar A: 30yo G2P10	seeing blo rt 01 w/IUP a d trimester	ody muco t 40w5d t precautic	ous plug by 1st t	g this am. (rimester w	Denies \ /s, scwd	/b or lof. , 1st trime	ester bleer	ding, hx p	previou	s dsx1, des	siring	
S: Saw Encouraged by O: see flowchar A: 30yo G2P10 vbac, 2vc P: Reviewed 3r sooner pm. signed off by Dawn Karlin or	seeing bloom t 01 w/IUP a d trimester 11/16/17, 1	t 40w5d t precaution:	ous plug by 1st t	g this am. (rimester u/ ex of labor,	Denies \ /s, scwd	/b or lof. , 1st trime	ester bleer uestions a	ding, hx p	previou	s dsx1, des	siring Cor	
S: Saw Encouraged by O: see flowchal A: 30yo G2P10 vbac, 2vc P: Reviewed 3r sconer pm. signed off by	seeing bloom t 01 w/IUP a d trimester 11/16/17, 1	t 40w5d t precaution 10 PM None	by 1st to ons, s/s	g this am. (rimester W c of labor,	Denies volumes	b or lof. 1st trime by frac. O	ester bleer uestions a 6 RO/	ding, hx p	previou: I. Will rt	s c/sx1, des to next week	siring or or or on	
S: Saw Encouraged by O: see flowchat A: 30yo G2P10 vbac, 2vc P: Reviewed 3r sooner pm. signed off by Dawn Karlin or 1/16/17, 1:10 Pl supervised by Dawn Karlin	seeing bloom to 01 w/IUP a d trimester to 1/16/17, 1 W 41.4 performed Dawn Ka string GIs	t 40w5d t precaution 10 PM None	by 1st toons, s/s 224 sisted buren S	g this am. (rimester W ix of labor, 139/73	Denies v /s, scwd and dai 89 visit ty In Pe	b or lof. 1st trime by frac. Q 37.5 pe rson - Off	ester bleed uestions a ROA visit fice 60 normal vag	ding, hx pursion	previous I. Will d 147 head No	s c/sx1, des to next week ! Neg / Neg daches vis	siring or or or on	
S: Saw Encouraged by O: see flowchal A: 30yo G2P10 vbac, 2vc P: Reviewed 3r sooner pm. signed off by Dawn Karlin or 1/16/17, 1:10 Pl supervised by Dawn Karlin dizziness fair	seeing bloom to the control of the c	t 40w5d t precautic :10 PM : None by ass fin La igns/symp	by 1st to the state of the stat	g this am. (rimester u/ x of labor, 139/73 y carbrough dysuria (Oenies v /s, scwd and dai	y fmc. Q to a start of the st	ester bleer uestions a ROA visit fice 60 normal vag	ding, hx pursion	nrevious I, Will rt 147 head No	s c/s x1, destact next week Neg / Neg daches vis No bleeding No aricose veins	siring or	
S: Saw Encouraged by O: see flowchal A: 30yo G2P10 vbac, 2vc P: Reviewed 3r sooner pm. signed off by Dawn Karlin or 1/16/17, 1:10 Pl supervised by Dawn Karlin dizziness fair No No Back/hip/pubic p	seeing bloom to the seeing bloom to the seeing bloom to the seeing bloom to the seeing seeing bloom to the seeing	t 40w5d t precautic :10 PM : None by ass fin La igns/symp	by 1st to ons, s/s 224 sisted bouren Sotoms ts d acup	g this am. (rimester u/ x of labor, 139/73 y carbrough dysuria (No uncture ap	Denies vis, scwd and dai and d	b or lof. 1st frime. Q 37.9 pe pson - Off No now Ne	ester bleer uestions a ROA visit fice 60 normal vag	ding, hx properties of the pro	147 head No narge	s c/s x1, des to next week li Neg / Neg daches vis No bleeding No aricose veins	injuries	isea
S: Saw Encouraged by O: see flowchal A: 30yo G2P10 vbac, 2vc P: Reviewed 3r sooner pm. signed off by Dawn Karlin or 1/16/17, 1:10 Pl supervised by Dawn Karlin dizziness fair No No Back/hip/pubic p Yes Pre-E signs/sym No	seeing bloom 101 w/IUP a d trimester 1/16/17, 1 W 41.4 performed Dawn Ka ating GIs No pain pain Has aptoms !	t 40w5d t t 40w5d t precautic t 10 PM None by ass fin La igns/symp comment s chiro an Emotional/ Normal more	by 1st to ons, s/s 224 sisted bouren Sotoms ts d acup	g this am. (rimester u/ x of labor, 139/73 y carbrough dysuria (No uncture ap	Oenies vis, scwd and dai and dai wisit ty In Pessas of Unpt tomo	y fmc. Q 37.5 y fmc. Q y fmc. Q y fmc. Q itc now Ni notional admini	ester bleed uestions a visit fice 60 normal vag thiness	ding, hx property and discretion leg cramp. No ments out wantingam.	147 head No harge	s c/s x1, des to next week li Neg / Neg daches vis No bleeding No aricose veins	injuries No atigue nau	!sea

Ultrasouna ordered

meds/supplements

pert visit date 1/18/17, 12:00 PM

commer

Νo

S. Saw

oday for 1wk ric appt. Ready for baby, emotional, teary eyed. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 41w4d by 1st trimestar u/s, scwd, 1st trimester bleeding, hx previous c/s x1, destring

vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Discussed options for plan of care including continued expectant management with recommendation for BPP in the next couple of days, foley bulb for labor encouragement, herbal/homeopathics for labor, transfer of care to hospital provider. At this time she elects to do foley and will consider herbals/homeopathics over the next couple of days. She will keep appt for acupuncture and chiro formorrow if not in labor. Foley bulb placed intracervically- She will let me know when the foley bulb falls out.

signed off by

Dawn Karin on 1/16/17, 10:18 PM

		•
٠	Premara	I (/
	FIELLAIA	

visit date	Wks	Edema	Wt	BP	Pulse	H	Fe	FHT	Protei	Int. Exam	Labs
1/16/17, B:13 PM:	41.4						ROA =	. ¹ 143-150	> -4	5, B0%	7
Managed has '	ا د ـ ـ ـ ـ		. —-	-					-		الشسحنة

supervised by Dawn Karlin

performed by Dawn Karlin

visit type In Person - Home visit duration

FM fetal station

++ -2

comments

Received text from

check and sweep..

6:30pm that foley bulb is out so made plan to go after clinic to her home to do a

Sve with sweep completed, reviewed call when pattern is 4-1-1 or sooner Pm. She verbalized understanding and will continue to plan to do acupuncture and chiropractor tomorrow if not in labor,

Dawn Karlin on 1/16/17, 10:14 PM

sigued off by Dawn Karlin on 12/15/15, 10:08 AM

labs drawn date

lab is for

report status

12/5/16

Final results from RML for Group B Strep Culture

35.5 GA Final Mom

collected date

received by lab date

results reported date 12/8/15, 9:08 AM

12/6/16, 2:55 PM 12/6/16, 11:35 PM

lab ordered by GBS

DAWN KARLIN Positive

Record #

```
रिट्यार
sisius -
                  - · · · · · · · · lesi
                             Стоир В Strep Сийиге
                                                                  FOOTNOTE
 Final
 *** Accession: 16-341-007570
 ett Accession:
 ***
 ±4±
 *** Microbiology
 -
 ---
                             Group B Sirep Culture [private nomemis]
Vag/Rect Body Site:
12/06/2016 Received 12/06/2016
 *** Procedure:
 *** Source:
 --- Date/Time:
                           14:55 Date
12/06/2016 23:35
                                                 Date/Time:
                                                                      23:35
 +++ Time:
 the gramma schemers to the test verified Date/Time: 12/08/2016 09:08

the Positive for Streptococcus agalactize (Group 3)
 ***
***
 *** Performing Locations

*** pl: This test was performed at:

*** PML Tulsa Central Lab, 4142 S Kingo Id.,

*** Tulsa, UK, 74146- , USA

**** Notes End ********
 Lab Result
حساب المسيحينين
                                                                                                                                      report status
                                                                                                                    Wis
                              lab title
  labs drawn date
                               Preliminary results from RML for Group B Strep Culture 35.5 GA
                                                                                                                                     Preliminary
  12/6/16
                            collected date
                                                        received by lab date
                                                                                         results reported date
                                                                                         12/7/16, 2:55 PM
                            12/6/16, 2:55 PM 12/6/16, 11:35 PM
  lab ordered by
  DAWN KARUN
                                                                    result
  status
                               test
                               Group B Strep Culture
                                                                    FOOTNOTE
  Preliminary
   tetation Notes Begin *******
   4## Accession:
                            16-341-007570
  ***
  ***
*** Microbiology
   ***
                               Group B Strep Culture [private comments]
Vas/Rect Body Site:
12/06/2016 Received 12/06/2016
14:55 Date/Time: 23:35
   *** Procedure:
  *** Source:
   *** Date/Time:
*** Start Date/
*** Time:
                               12/06/2016 23:35
  *** Time:

*** Verified Date/Time: 12/07/2016 14:55

*** Culture in progress

***
  ***

***

Performing Locations

*** Performing Locations

*** pl: This test was performed at:

*** RML Tolsa Central Lab, 4142 S Kingo Rd.,

***

Tulsa, OK, 74146 , USA

********** Notes End ********
```

Lab Result				signed o	ff by Dawn Karun	on 10/12/16	3:04 PM
labs drawn date 10/6/16	lab title Final results from RMI	_for VIT D TOTIL	lab is for Mom	Wks 27_0 GA	report status Final		
collected date 10/6/16, 2:40 PM	received by lab date 10/7/16, 12:17 AM	results reported of 10/7/16, 1:10 A					lab ordered by DAWN KARLIN
vitamio D						-	

20



Admissions	<u> </u>	•					
Admission Time	Contractio	B₽	Fe	FHT	Contraction Fr	Internal Exam	Discharged
. 1/17/17, 6:15 PM	1/17/17, 9:00 AM	125/94	LOP	.f : 128	- 3-5, 60, Mod · ·	No :	No
weeks gestation 41.5		_					
Subjective			·				_ .
Last Food Eaten Lunch at 12:00pm	Last Time Slept Slept from 2:00-4:00a		lowel Move 17		it Hydration ing juice smoothie	сипеліју	•
Emotions Ready to meet her	location pulse baby Home 103		performed : No	urine fest			•
time of arrival 1/17/17, 6:15 PM time of arrival 1/17/17, 7:15 PM	person(s) Lauren Scarbrough person(s) Dawn Karlin		•				
had physical exam No	comments coping well,	pacing/swa	aying and b	oreathing throu	signed o ugh UC Dawn K	off by Carlin on:1/18/17,	3:17 AM

Labor Flow	<u> </u>					·	 -		
Status Time	Labor Status	BP Pulse	Tmp	Fe	FHT	Cont	action Fr	Internal Exam	lnp
- 1/17/17, 6.15 PM	istSta	125/94 103	-98.6	· rob	128	3.5	60, Strg	No.	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbro	ough	maternal p Reclining		matemal lo Couch	3	signed off by Dawn Karlin on 1 3:17 AM	
1/17/17, 6.40 PM	" 1st Sta :	2	• •••	LOP	128-14	2 3-5	60, Mod		1415
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbro	ough	matemal p Reclining	osition	positioned Couch	on or with	matemal locati Couch	on .
FHT status signed Accels Dawn	l off by Karlin on 1/18/1	7,3: <u>1</u> 7 AM		:					
1/17/17, 6:51 PM	jst Sta 🎋 🖠	"多沙"	3	13.3	1,00	^:\\ 3-5	60, Mod	17 (No 72)	V23344
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbn	ough	matemal p Kneeling	notifica	positioned Floor	on or with	matemal locat Floor	ion
comments Abx administered in	n left hip, Rocepl		ed off t vn Kar	oy lin on 1/18	717, 3:177	9M			
1/17/17, 7:00 PM	l 1stSta			1	1,45	. 3-5	, 60, Mod	No	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbr	ough	maternal p Reclining		positioned Floor	on or with	matemal locat Floor	noī
signed off by Dawn Karlin on 1/1	18/17, 3:17 _. AM							·	- -
1/17/17, 7:20 PM	. IstSta	2 7 3 3 3 3	1	LOT	139	4.	60, Mod	, No .	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbi	ough	matemal Reclining	,	positioned Floor	on or with	maternal local Floor	tion
signed off by Dawn Karlin on 1/1	18/17, 3:17 AM								
. 1/17/17, 7:36 PM	1st Sta			1.01	143	-, 4	5, 60, Mod	No	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbr	rough	matemal Standing	•	malemal i Floor		signed off by Dawn Karlin on 3:17 AM	1/18/17,
: 1/17/17, 7:41 PM	1st Sta		1	LOT		4-	5, 60, Mod .	6,80%	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbo	rough	matemal Reclining		positioned Bed	l on or with	matemal loca Bed	tion



fetal station signed off by -1 Dawn Karlin on 1/18/17, 3:17 AM

Labor Flow	
Status Time	Labor Status BP Pulse Tmp Fe HIT Contraction Fr Internal Exam Inp
1/17/17,7:57 PM	1st Ste
Labor Status 1st Stage - Active	upervised by periomed by comments Dawn Karlin Lauren Scarbrough into bed, onto left side with peanut ball between knees Gentle birth findure taken
signed of by Dawn Karlin on 1/18	17, 3:17 AM
1/17/17, 8:03 PM	1st Sta LOT 153 4-5, 60, Mod No
Labor Status 1st Stage - Active	supervised by performed by maternal position maternal location signed off by Dawn Karlin Lauren Scarbrough Rectining Bed Dawn Karlin on 1/18/17, 3:17 AM
1/17/17, B:29 PM	1st Sta LOT 153 4-5, 60, Mod No
Labor Status 1st Stage - Active	supervised by performed by maternal position positioned on or with maternal location Dawn Kartin Lauren Scarbrough Lithotomy Bed Bed
signed off by Dawn Karlin on 1/1	/17, 3:17 AM .
1/17/17, 9:05 PM	1st Sta LOA 153 . 3-5, 45-60, Mod Volid, BN
Labor Status 1st Stage - Active	supervised by performed by maternal position positioned on or with maternal location Dawn Karlin Lauren Scarbrough Kneefing Birth/Exercise Ball Exercise/Peanut Ball
FHT status Input Accels Void,	Output signed off by M Dawn Karlin on 1/18/17, 3:17 AM
1/17/17, 9:25 PM	1st Sta Vertex; 120 3-4, 50-60, Mod]
Labor Status 1st Stage - Active	supervised by performed by maternal position maternal location FHT status Dawn Karlin Lauren Scarbrough Kneeling Exercise/Peanut Ball Accels signed off by
comments Breathing through	IC, reporting hip discomfort Dawn Karfin on 1/18/17, 3:17 AM
1/17/17, 9:35 PM	1st Sta Vornit
Labor Status 1st Stage - Active	supervised by performed by Input / Output Dawn Karlin Lauren Scarbrough Vornit
comments Peppermint and gr	signed off by spefruit EO diffusing on paper towel . Dawn Karlin on 1/18/17, 3:17 AM
1/17/17, 9:51 PM	1st Sta Vertex 131 - 3-4, 60, Mod No Water
Labor Status 1st Stage - Active	supervised by performed by assisted by maternal position positioned on or with Dawn Karlin Dawn Karlin Lauren Scarbrough Hands & Knees Birth/Exercise Ball
maternal location Bed	FHT status input / Output comments signed off by Accels Water Rebozo shaking hips x10uc. Dawn Karlin on 1/18/17, 3:17 AM
1/17/17, 10:17 PM	1st Sta Verlex 123 4-5, 60, Mod No Water/v
Labor Status 1st Stage - Active	supervised by performed by assisted by maternal position maternal location Dawn Karlin Dawn Karlin Lauren Scarbrough Sitting Bed
FHT status Input	Output signed off by f/void Dawn Karlin on 1/18/17, 3:17 AM
1/17/17, 10:42 PM	1st Sta Vertex i 133 3, 50, Mod No
Labor Status 1st Stage - Active	supervised by performed by assisted by maternal position positioned on or with Dawn Karlin Lauren Scarbrough Lauren Scarbrough Standing Floor
matemal location Floor	signed off by Dawn Karlin on 1/18/17, 3:17 AM



Labor Flow	<u> </u>						5		
Status Time	Labor Status	BP	Puise	Tmp	Fe	HIT	Contraction Fr	Internal Exam	lnp
1/17/17, 11:01 PM	1st Sta		.:			3 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3-4, 50, Strg	1 - 1 - 1	
Labor Status 1st Stage - Active	supervised by Dawn Kartin	performe Lauren :	-	ough	assisted by Lauren So		commenis Purple line estimate	signed of Born Dawn Ki 1/18/17, AM	anin on
1/17/17, 11:02 PM	1st Sta			1	LDA:	129	34, 60, Strg		-
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Lauren (ugh	assisted by Lauren So		FHT status signed Accels Dawn 3:17 A	Karin on 1/18/1	7,
1/17/17, 11:18 PM	1st Sta	130/86	105	98.7	LOA N	140	3-4, 60, Strg	No .	Vomit
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Lauren		ugh	assisted by Lauren So	_	maternal position Hands & Knees	positioned on or a Floor	vitin
maternal location Floor	Input/Output Vomit	commen Feels like		re getti	ing more in		ned off by wn Karlin on 1/18/1	7, 3:17 AM	
1/17/17; 11:43 PM	1st Sta :				Veriex	139	3, 60, Şirg	No	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Lauren :	-	ough	assisted by Lauren Sc		maternal position Kneeling	positioned on or s Birth/Exercise B	
maternal location Floor		mments eling mor	re pres:	sure or	n tailbone	signed off to Dawn Kan	ру бооп 1/18/17, 3:17.	AM ,	
/ 1/18/17, 12:08 AM?	, 1st Sta∷ 😂 🎉		, ,		Vertex	140	3,60, Strg	No	,
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Lauren		ugh	assisted by Lauren Sc		maternal position Sitting	positioned on or a Birth/Exercise B	
maternal location Exercise/Peanut Ba	signed off by all Dawn Karlin		17, 3:17	7 AM	-				-
1/18/17, 12:36 AM	(st Sta:"	7 V 1		7.7.3	Vertex:	128	1, 3, 60, Strg	No	
Labor Status . 1st Stage - Active	supervised by Dawn Karlin	performe Lauren (ngh	assisted by Lauren Sc		maternal position Standing	positioned on or v	vitt) ·
maternal location Floor		pned off by awn Karlir		8/17, :	3:17 AM				
1/18/17, 12:47 AM -:	1st Sta.			v	Vertex	ian*:	3, 60, Strg.	No No	Wat
- Labor Status	supervised by Dawn Karlin	=performe			assisted by Lauren Sc		matemal position	positioned on or	with
maternal location Floor		put / Outpu ater/ void						;	
comments is going to	move to into be	d on left si	de with	i peani	ut ball betw	een knees	signed off by Dawn Kartin on 1/	/18/17, 3:17 AM	
1/18/17, 1:36 AM	1st Sta	7 3.4	K*		Vertex:	116-120*	4-6, 50, Mod		7.77
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Dawn K	-	mater Side	nal position	-	ed on or with side		ion.
comments Resting between U	C. Reports +fm	with UC.	-	off by Karlin	on 1/18/1	7, 3:17 AM			
. : 1/18/17, 2:13 AM.	1st Sta	- 1			. 2. 4			6,80%	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Dawn K	-	fetal s	tation	-			
comments Attempting to check	(Fht's, unable to	ausculfa	te, tlīpp	ed to a	all fours, S	re 6cm, bloc	signed of ody show Dawn K 3:17 AM	алі́л оп 1/18/17,	Pauro y Nj. El Vellago granda
1/18/17, 2:22 AM	1st Sta.	142/85	80 ↔	98.5					



Labor Status supervised by performed by assisted by

1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough

comments signed off by

Still unable to auscultate Fht's, 911 call placed Dawn Karlin on

O2 via flowby at 10L, chest down with bottom up

Attempted to check Fit's varinally with Doppler and over entire abdomen, still unable to auscultate

Attempted to check First vaginally with Doppler and over entire abdomen, still unable to ausculta	ie
Labor Flow	
Status Time Labor Status BP Pulse Tmp Fe FHT Contraction F	r Internal Exam Inp
1/18/17, 2:41 AM 1st Sta	
1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough EMS here at 0230	signed off by Dawn Karlin on 1/18/17, 3:17 AM
1/18/17, 2-42 AM 1st Sta Labor Status supervised by performed by assisted by 1st Stage - Active Dawn Karlin Lauren Scarbrough Lauren Scarbrough comments signed off by ambulance, waiting for ambulance to go Dawn Karlin on 1/18/17, 3:17 AM	i
1/18/17, 6:00 AM Delivered :	1 .
Labor Status time of birth (body) baby caught by location comments sign	ed off by wr. Kaniin on 1/19/17, 3 PM
Newborn Details signed off by Dawn	Kadin on 1/19/17, 7:56 PM
signed off by Dawn Karlin on 1/19/17, 7:56 PM	gender birth weight Female Votage on 1 (1947, 8:50 AM
	Karin on 1/18/17, 3:50 AM
1st call placed call was placed with time of subsequent calls emergency personnel arrival 0250- hospital L&D Keri 1/18/17, 2:30 AM	time of departure (required) 1/18/17, 2:45 AM
milital di incility i i i i i i i i i i i i i i i i i i	on of mom at transfer stable, fetus- unknown
transfer comments (including any information regarding the medical care of the client and outcome taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abrupti fetal demise.	signed off by on and Dawn Kartin on 1/18/17, 3:50 AM
Hospital Transfer - Infant signed off by Dawn	Kadin on 1/18/17, 3:17 AM
signed off by Dawn Karlin on 1/18/17, 3:17 AM	
Birth Summary	
1st stage early 1st stage active 1st stage total 2nd stage length of ROM 1st stage state 9 hrs 15 mins 21 hrs 5 mins 30 hrs 20 mins 0 hrs 0 mins 0 hrs 0 mins 1/17/17, 9:0	_
time of delivery baby caught by location delivery comments time mother transferred 1/18/17, 3:20 PM Hospital staff Hospital Time of birth estimated. 1/18/17, 2:45 AM	nother transferred to Southwest Integris medical center
maternal transfer comments taken to OR for repeat cesarean at 0347. Suspected utenne rupture with placental abrupt	on and fetal dernise.

Excit to Of t	ioi repeat desareari at 0047.	ouspected an	sinc reptore war p	naccina doi ap	BOTT BILL TO BUT COLLEGE,
Mother Postpart	ums				
Visit Date	Wks blood pressure	Fundus	Breasts	Lochia	Perineum Phys. Exam
1/19/17, 7:56 PM					

Printed on 4/10/18 Record#

visit location. 6-B week visit supervised by performed by Hospital Dawn Karlin Dawn Karlin plans & procedures today just prior to discharge home from the hospital. She reports her pain is well controlled with Percocet. She and have made arrangements for counseling and has reached out to her community for support and feets well loved and supported at this time. She does express concern for the development of motherwort recommended along with rescue remedy and ignatious homeopathic, all provided with instructions for use and encouragement to ask for medical help as needed if these efforts are not effective. We made plans for home visits: assistant to follow up in a couple of days and I will follow up in one week or sooner as needed and we will keep in contact via phone prior to that. Dawn-Karlin on 1/19/17, 8:03 PM 1/23/17, 1:15 PM . a.5 fi 126/85 ∴ Hal@u-3 Laciating Scant rubra Intact visit location performed by supervised by visit duration 6-R week visit review of diet Home Dawn Karlin Dawn Karfin 30 Nn Regular review of activity level or exercise Emotional and Social Wellbeing bioVM8 Self care, resting when possible Doing well overall -Pm no issues supplements or herbs is breastfeeding? breastleeding notes resumed intimacy? Priv, herbals-motherwort, rescue remedy- No Pumping twice a day to donate milk pulse, temp **Fundus** Breasts administered Rhogam Lochia Perineum next visit date 97.9 Ffml@u-3 Lactating Scant rubra Intact No 2/6/17, 3:00 PM plans & procedures I today for 5day ppv after repeat cesarean/still birth. She reports physically doing well and feels emotonally stable. Incision is CDI, healing well, no redness or swelling or drainage: She does have a small blood blister about 2 inches above and to the left of the left side of her incision, looks like reaction to adhesive. Assistant will flu within the week with home ppv and ______ will ric in 2wks for ppv or sooner Pm. signed off by Dawn Karlin on 1/23/17, 3:12 PM 1/25/17, 5:05 PM 74.1 126/89 Lactating. Ffmt @ u-3 Very light rubra visit location. supervised by performed by visit duration 6-8 week visit Home Dawn Karlin Lauren Scarbrough 80 Staying well nourished and hydrated No review of activity level or exercise Emotional and Social Wellbeing BM/Void Resting well, anxious to be more active
Doing well, working through trauma/loss appropriately Pm no issues supplements or herbs is breastfeeding? is exclusively breastfeeding? Prenatal, probiotic, vitamin d, motherwort fincture, rescue - Yes -No . remedy, homeopathics-amica & ignatia Amara, buprofen, Percocet breastfeeding notes resumed intimacy? pulse Still breastfeeding 3 year old a few times a day 80 98.9 Firni @ u-3 Lactating Perineum administered Rhogam Very light rubra Intact No plans & procedures is pumping daily and dealing with mild/moderate engorgement. She the first time on Monday, January 30th, she also has a follow up visit with the OB that day. Her incision is healing appropriately and as expected. signed off by Dawn Karlin on 1/27/17, 1:00 PM 2/6/17, 3:32 PM - 1 25 121/74 Lactating ' Ught rubra, h.:. . Involuting well . supervised by visit location assisted by performed by visit duration. 6-8 week visit review of diet Office Dawn Karlin Dawn Karfin Lauren Scarbrough No Reg review of activity level or exercise Emotional and Social Wellbeing BM/Void Resuming ADL as tolerated Feeling good. Pm no issues supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy? pulse Prv Pumping twice a day, donating milk

Fundus Breests

Lochia

Involuting well Lactating Light rubra, had some increased bleeding for a couple of Intact

administered Rhogam

days, thinks she overdid it trying to get ready for open

Νo

house

next visit date

plans & procedures Weight 203

signed off by

Dawn Karlin on 2/6/17, 3:46 PM

2/27/17, 9:00 AM

Normal 3wk ppv. Will ric in 3wks for 6wk ppv or sooner Pm.

Incision is healing well.

Mother Postparturo	ś)	.,			••••			بندهید بندست	اربوب اليجاب مستنزر وسينت
Visit Date	Wks b	lood pressure	Fundo	s. i	Breasts	Lochia	P	enneum	Phys. Exam
2/27/17, 9:16 AM	5.5	124/87	Well invol	uted i	Lactating	Has stopp	ed	Intact	Yes
	vised by Karlin	performed by Dawn Karlin		py Scarbrou	visit duration gh 45	n 6-8 w Yes	eek visit	review of a Regular	ziet
review of activity level of Has resumed adl w/o		Emotiona Good	il and Social	Wellbeing	None	is or heits	is brea No	stfeeding?	
breastfeeding notes Pumping and donatir		ned intimacy?	family pla Caya	_	father's involven Good	,_,	um to work april	pulse 80	Wt 204
Fundus Brea Well involuted Lac			Perineum Intact	administe No	ered Rhogam		lungs Normal	extremities Normal	& skin
heart pap perform Normal No	ned								
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Author Hager July 5, 100 Fliest 11/4/2014 6:57 hts

Service: (none) Note Time: 12/23/2015 9:39 PM Author Types Physician Neia Type: Operative Report

Status Signed

Edition: Hager, Julie S, NO (Physician) Trans Status, Avalidate

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MERCY HOSPITAL OKLAHOMA CITY OKLAHOMA CITY, OK

PATIENT HAWE: CSN MEN: DOE: PROVIDER:

OPERATIVE/PROCEDURE REPORT

DATE OF OPERATION PROCEDURE 12/23/2014

PREÒPERATIVE DIAGNOSES

Intraderine programicy at 40-617th Weeks.

Sinhus post rational injecting and induction with Pilocia and artificial rughus of graphenes.

GRS positive, imited. Arrest of platters of 2 cm.

Intermited the decelerations with reversal registrating feld status throughout labor.

POSTOPESATIVE DIACNOSES.

1. Intrational posteriory at 40-674th weeks.

2. Status gost carried excelling and induction with Priodical and artificial coplane of Incombanes.

GBS positive, treated.

Arrest of dilation at 2 cm.

Intermitter tale प्रेट्टांबर्पालय असेत overall reasshing fale status throughout labor.

PROCEDURE:

Рпинату ю йносученые савывал сестоп.

SURGEON:

Gary F Shebel MD.

YVATELEZA

Jennifer Shebel

ANESTHESIA:

Epidural pet Dr. Hickey.

ESTIMATED BLOOD LOSS:

590 mL

FINDINGS;

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CKLC HEALTH INFORMATION MANAGEMENT 4300 W Memorial

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Constative Report signed by Hagar, Julie 8, MD at 1947014 \$157 AM (continued) अंतरकार्य विकासकार होन्द्रसम्बद्ध

COMPLICATIONS: Mone.

INJULIA I ROMS.

This patient is a 27-year-old, gravida 4, para 0 with 40-617th weeks with presented for a cervical opening and induction of the patient is a 27-year-old, gravida 4, para 0 with 40-617th weeks with presented for a cervical observation, but was naving utenta labour. She work cervical opening, and did not have a significant amount of cervical distinct, but was 12 cm, and 2 contractions every 5 influtes. She had artificial ruptura of membranes and Pitosan adjunctions. She was 2 cm, and 2 contractions every 5 influtes. hours leist the continued to be 2 cm. At 4 hours, we elected to but of the limit presents catheter in the of \$ hours, whis constituted to be 2 cm. At 4 hours, we elected to but on international reasonable catheter in the 2 cm. The had international leist decident but of the limit of \$ hours. options styl elected to proceed with descrean section remote from delivery,

DESCRIPTION OF PROCEDURE.

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Consent for Care

I hereby request emollment with the midwife mentioned below to receive materially care for my current pregnancy with the following understandings.

- 1. Physical Examinations I authorize any member of the midwifury team staff to perform physical examinations on my person to confirm general health and pregnancy status, obtain the usual specimens, and perium the usual diagnostic procedures for the purposes of providing maternity care.
- 2. Authority to provide care I authorize any manufact of the midwifusy team staff to perform, administer and provide as necessary to me and my baby.

(a) Health care and education related to pre-gnancy

(b) Obtaining of bleed or other specimens for laboratory tests

(c) Medications as permitted by law such as IV infusions, infrarmscular injections, local anesthetics, and prophylactic eye medications

(d) "Delivery" of my baby

ģ

- (c) Episiotomy and repair of lacerations related to birth if medically necessary
- (f) Postpartum care
- (g) Newborn care
- 3. Emergency Treatment I anthorize any member of the unidwiftey team staff to provide first and as necessary in an emergency. When the midwife deems specialized medical care or hospitalization may be necessary, I shall agree to transfer care to a nearby hospital.
- 4. Student Teaching I understand that midwifery students may be involved in my materially care. No students shall be permitted to perform any tasks that they are not qualified to perform according to their level of experience. I authorized refuse to allow midwifery students to participate in my care.
- Client's right to withdraw care I understand that I may choose in withdraw care at any point from the midwife mentioned below. I shall provide a written request to terminate care.
- 6. Understanding of midwife's right to terminate care I understand that the midwife may terminate my maternity care if there are indications that I may not be a good candidate for a safe midwifery birth, if I fail to attend appointments regularly, if I fail to meet the funncial agreement, or for other reasons at the discretion of the midwife. I understand that I will be notified in writing of the case withdrawal and referred to another care provider or service to complete my care. I have read and understand the financial agreement and acknowledge that there may be a refoul due to me or I may still have a balance owing in the event of care withdrawal by either myself or my midwife

Client Signature	Date: 5-6-16
CIXERE STERIORIE.	
•	•
1 MA In	5-11-16
Midwife Signature John MARIA Alfal BA	Dates



Moncorts of Bliss Midwifery Services

Moments of Bliss Midwifery Services LLC Dawn Kartin APRN-CNM

INFORMED CONSENT FORM

I hereby ocknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unbom child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, camo, altergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could accur are card prolapse and other problems relating to the umbilical cond, cangenilal obnambilies, fefal distress, malpresentation, immaintify and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anamolies, allergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the haspital, I om taking certain risks for my unbarn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother ar baby requiring transfer to a hospital.

l understand that in the event transpart of transfer to a medical facility is necessory, I will be taken to a medical facility and be seen by the physicion on coll for my care.

My occeptance into the care of a midwife is based an information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

- " I will obtain laboratory tests recommended by my midwire.
 - A regular schedule of prenatal visits will be fallowed.
- If I start lobor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatricion to examine the boby within 24-72 hours of delivery.
- I have been informed of the Midwile's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as passible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT Y	
signed <u>(</u>	DATE: 5-6-16
SIGNATURE OF MIDWIFE AND APULL APULL NAT	DATE: 5-11-16

Mornent's of Plass Midwifery Services LLC

Dawn Karlin APRN-CNM

FINANCIAL AGREEMENT

1. Parties
This agreement is made between Client(s) and Moments of Bliss Midwifery Services L.C.

 Fees (checks or money orders should be made out to Moments of Biss Michigary Services)

Non-refundable deposit of \$500.00 due at 1st prenatol visit which applies to the total fees. The delivery fee is \$2,500.00, which includes:

- ₹ Prenatol Visits
- g labor, delivery and immediate postportum care for the momand the baby.
- Fost-Portum Visits

This fee DOES NOT include:

- @ Birth Assistant fee
- g Lob work
- 🕏 8irth Supplies
- 7 Distance Fee
- R Newborn screenings or other tests required by state low
- g Any referred services (e.g. ultrosound)
- & Birth Center Fee

3. Payments: All payments must be received by 36 weeks of gestation, as colculated by the midwife. You will réceive a monthly invoice of your outstanding bolonce. If paying by credit card, there is an additional 3% surcharge for each transaction.

4. Cosh Discount: Self-pay clients will receive a 10% (\$250) discount, reducing the birth fee to \$2.250.00, if they pay in full by the 31st week of gestation, as calculated by the midwile. This cosh discount anly opplies tanon-insurance patients.

5. Transport

The delivery fee is not refunded offer or during the 37th week of your pregnancy or after the onset of your labor (including, but not limited to the rupture of your membranes).

I understand my midwife cannot promise me on out of hospital birth and should the need for transfer to a medical facility become necessary, she and/or a qualified assistant will continue to offer support and will remain through whatever situation develops, because midwife support and advecacy at the haspital are very valuable, and having a knowledgeable person there can make the experience much more successful. I wither understand that post-parturn care will be destributed following my discharge.

INITIALS

6. Transferring Care

Should you transfer core prior to 37 weeks at gestation as colculated by the midwife, and prior to the onset at labor (including, but not limited to the rupture of the membranes), the delivery fee will be refunded with the exception at \$600.00 plus \$50.00 per each prenatal visit).

PAGE 1 OF 2



- 7. Distance: If you live more than 80 miles from the midwife's office, there is an additional charge of \$400.00 for a homebrith to cover additional travel time and expense.
- 8. Birth Center Fee: The fee to use the facility for birth services is \$500.00.
- Birth Assistant: You are responsible to hire and pay your birth assistant from an approved list
 of assistants. A birth assistant is required whether you are planning a home birth or birth center
 birth.

10. Insurance: If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims. My billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to: Initial visit, lab work. OB global fee including delivery, intrapartum care, birth assistance, facility fees, supplies, in therapy, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize services into the birth fee. However, when we bill insurance and health corriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the insurance campany in excess of the standard \$2,500.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is to collect directly from the clients. We have the right to accept reimbursement from the insurance that exceeds the package fee of \$2,500.00. You are responsible for paying the midwife enough to ensure that the minimum reimbursement is \$2,500.00, regardless of insurance reimbursement. If your insurance company denies your claims, you are responsible for paying the entire package fee of \$2,500.00.

If, upon verification of benefits, your insurance company is likely to pay, we agree to only callect your deductibles for you and your baby, and approximate co-pay. If your insurance company pays and I find that you have overpoid, you will be refunded accordingly. There is a \$20 charge for the Verification of Benefits through the insurance billing company. Lorsen Billing Service. To verify your insurance benefits, visit www.larsenbilling.com. My provider PIN is 12488.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to me, and how much, if any, is yours to keep. In this situation, you agree to reimburse me immediately.

11. Discloimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of the pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife or her assistants responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal physiological process, and we understand that our midwife is merely acting within her scope by simply assisting and supporting us in our decision to birth our baby out of the hospital.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Moments of Bliss Midwifery Services LLC, as stated above.

_	Date 5-6-16	
	Date	

PAGE 2 OF 2

Patient#3

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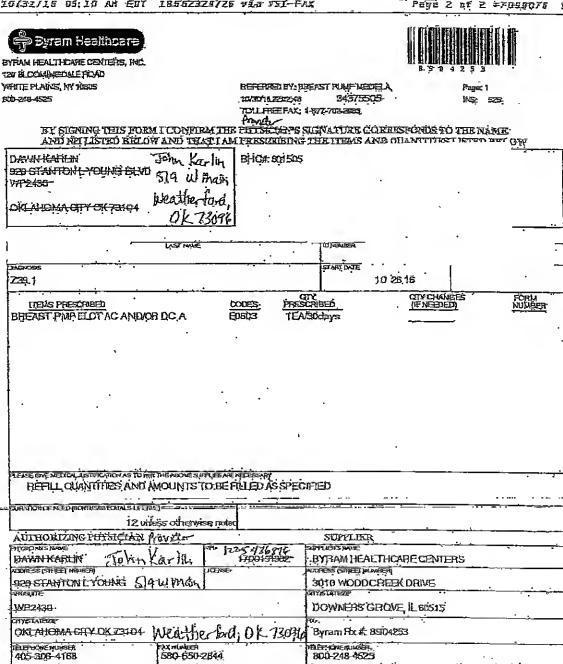
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Page 2 of 2 =7099076 BE



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Patient #3

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Moments of Bliss Midwifery Services LLC Dawn Karlin APRN-CNM 519 W Main St. Weetherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

! understand that ! have had one or more prior cesarean(s)

I understand that my midwife will follow OMA guidelines.

 I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.

I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.

The benefits of a VBAC include; decreased blood loss, decreased postpartum complications and a shorter

recuperation.

I understand that there is a higher risk of uterine nupture because of the uterine scar from my cesarean. This risk
is increased by the use of medications that are used to augment labor and decreased by natural labor without
augmentation.

I understand that my midwife will not augment or naturally stimulate a VBAC.

I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.

I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.

I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the

noncontracting part of my uterus is around 1%.

I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.

 I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus nucleures is uncertain, but has been reported as high as 50%.

Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2
previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor
health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves
and/or baby.

I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a
greater risk of problems than if I had an elective repeat cesarean section.

I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.

 I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.

 I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primmose oil beginning at 35 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.

 I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of morn or baby, I will comply with her recommendations.

I have read and understand the above information and have had my questions answered and have received all
the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

	Date_10/5/16	
Witness John Mille SAM CHAI	Date 78-6-16	· - · -

Patient #3

Moments of Bliss Midwifery Services LLC

Factors requiring infant transfer	
Apgar score less that 7 at 5 minutes.	
Signs of persistent non-transient respiratory of	listress.
Jaundice with the first 24 hours of birth.	
Persistent hyper or hypothermia.	
Persistent hypertonia.	
Unresolved tremors.	
Congenital anomaly requiring intervention.	
Central cyanosis.	
After the immediate postpartum period an in	ability to feed, unnate or pass meconium with 24 hour of birth
Unresolved low blood sugar.	
And/or any other abnormal newborn behavior	or or appearance which could adversely affect the newborn, as
assessed by a midwife exercising skill and loo	owiedge.
NO KNOWN RISK FACTORS FOUND.	
Date of Risk Assessment: 5-11-16	Midwife Signature: Nam Medanh AIN-AM
Date of Risk Assessment:	Midwife Signature:
Date of Risk Assessment:	Midwife Signature:

Evidence Based Birth®

Evidence for the Vitamin K Shot in Newborns

March 18, 2014 by Rebecca Dekker, PhD, RN, APRN of www.EvidenceBasedBirth.com

Vitamin K deficiency bleeding, thought to be a problem of the past—has been recently thrust back into the spotlight. Ouring an 8-month period in 2013, five infants were admitted to Vanderbilt Children's Hospital in Nashville, Tennessee, with life-threatening bleeding. The infants were diagnosed with late Vitamin K deficiency bleeding (VKDB)—four of the infants had bleeding in the brain, and one had bleeding in the intestines. Although the five infants survived, two required emergency brain surgery to save their lives, one has severe brain damage (a stroke with right-sided paralysis and severe cognitive delays), and two have mild to moderate brain injuries (Personal communication, Dr. Robert Sidonio, 2014).

What did these infants have in common? The infants ranged in age from seven weeks to five months old; three were male and two were female. Three of the infants were born in hospitals, and two were born at home. All of the infants were exclusively breastfed. Most importantly, what these infants had in common was that all of their parents had declined Vitamin K shots at birth.

Concerned by this outbreak, the hospital asked the Centers for Disease Control (COC) to look into the situation. Researchers from the CDC examined Tennessee hospital records and found that between the years 2007 and 2012, there had been zero cases of Vitamin K deficiency bleeding out of more than 490,000 hirths. They randomly sampled records from babies born at three Nashville hospitals and found that 96.6% of infants received Vitamin K injections. In contrast, only 72%-of-infants-born in-local freestanding birth-centers received Vitamin-K (Warren, Miller et al. 2013).

When the parents of the five infants were asked why they had declined Vitamin K, their reasons for declining included: concern about an increased risk for leukemia, a belief that the injection was unnecessary and "unnatural," and a fear that their infant would be exposed to toxins in the shot. Only one of the families was aware that life-threatening bleeding was a possibility if they declined the injection (Warren, Miller et al. 2013; Personal communication, Dr. Robert Sidonio, 2014).

Discialmer: Notbing in this article shall be construed as advice from a healthcare provider (i.e. midwife, nurse, nurse practitioner, doctor, or lawyer). This article is strictly informational. It is general information that may not apply to you as an individual, and is not a substitute for your own healthcare provider's medical care or advice. If you need someone to examine you or discuss your pregnancy or haby's health, see a midwife, nurse practitioner, or doctor.

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11/23/2018 14:05 FAI

Ultracound Untimited, Inc. 2505 South Bryant Edmond, Okla. 73013 405-330-2225

SONOGRAPHER

Mailing Address 2712 Shady Tree Lane: Edmond, Okle 73013

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This is the sonographer's impression, and is not intended as a diagnosis of an interpretation.

State's Exhibit "2"

Dawn Karlin, APRN-CNM (DK) Brandy Harris (BH) Barbara Pennell, RDMS (BP) Respondent: Assistant: Ultrasound:

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
04/11/16	Monday	3:15pm	Office	DK	4-5	New OB visit, physical exam, labs. Uncertain LMP due to lactation induced amenorrhea resulted in an estimated expected due date (EDD) of 11/02/2016. Orders documented to schedule an ultrasound apt. with Ultrasound Unlimited next week. Next visit date was set for 05/09/16.
05/05/16	Thursday		Ultrasound Unlimited	ВР	21,41	OB Ultrasound EDD was adjusted and sonographer noted baby measures "4 weeks less than by LMP"
06/02/16	Thursday	3:11pm	Office	DK and BH	2	Office visit. EGA now 14 weeks and 1 day by 1st trimester ultrasound. Fetal movement is documented for "maybe a week or two ago". Next visit date was set for 07/01/16.
07/01/16	Friday	9:23am	Office	DK .	5	EGA now 18 weeks 2 days, 3 pound weight gain, trace proteinuria and a fundal height cwd. Next visit date was set for 07/28/16.
07/20/16	Wednesday		Ultrasound Unlimited	вР	20,40	OB Ultrasound for "fetal size". Fetal position is footling Breech with an anterior placenta. EDD by this scan is 11/20/16 vs. previous scan of 11/30/16.
07/28/16	Thursday	10;56am	Office	DK and BH	ф .	EGA now 22 weeks 1 day, proteinuria increase to +1, urine ketones +1, weight gain of 5 pounds, fatigue and a fundal height measurement (24.5cm) greater than dates (22.1weeks), supporting fetal size greater that estimated gestational age. PT#1 reported having an US, but forgot to bring the report to this appointment. Next visit date was set for 08/24/16.
08/24/16	Wednesday	10:11am	Office	DK and BH	Ф	EGA now 26 weeks. Fundal height measurement (29cm) is greater that dates (26weeks), supporting fetal size greater that estimated gestational age. Visual disturbances are also noted by "needing to wear glasses". A diagnosis of PUPPS is documented and dandelion and Zyrtec is ordered. Urine test resulted trace protein, blood and ketones. Documentation of "No" pre-E sign/symptoms is made. Next visit is set for 09/22/16.
09/22/16	Thursday	10;58am	Office	DK and BH	9	EGA now 30 weeks 1 day, with a fundal height (FH) of 31cm. Fetal presentation is breech, there is a 5 pound weight gain, elevated maternal heart rate, urine ketones, continued visual disturbance "a little worse, thinks glasses prescription has changed", new onset of GI signs/symptoms of a little regurgitationand Fatigue. Next visit is set for 10/17/16.
10/17/16	Monday	12:15pm	Office.	DK and BH	7	EGA is 33 weeks and 5 days. Weight gain of 3 pounds, continued elevated heart rate, complaints of new onset headaches, fatigue, occasion contractions and a vertex fetal presentation. Next visit is set for 11/10/16.



ge Event(s)/Finding(s) .	PT#1: reports trying to rest but contractions kept coming and progress with activity, getting painful, every 2 minutes. BH: asks how PT#1 is doing and if she needs support yet?	 104 PT#1: reports she is OK for an hour or two, but wanting to be checked and see where she is. BH: Responds (7:39am) OK-I'm on my way now, takes about 75 min or so to get there. PT#1: agrees. 	Home visit s/o patient reports uterine contractions for the past 12 hrs. sarted out every 10min, lasting 25sec, now every 2-4min lasting 45-50 sec, safted out every 10min, lasting 25sec, now every 2-4min lasting 45-50 sec, saft able to walk and talk and is chatty between contractions. Cervical exam of 2cm, 70% and -2 fetal stations. DK reviewed pregnancy data with PT#1 noting LMP is uncertain, pregnancy dated by a 10-week ultrasound, with an ultrasound at 22 weeks that is consistent with 36-37 weeks gestation. DK discussed that at 36 weeks and 1 day, her baby is late preterm and may be ready to be born and breathe olay, on its own, but also might need extra help and would have to transfer to the hospital if more support was needed than could be done at home. DK recommends transfer to hospital now, while laboring before baby is born as a safer option. Documentation reads "after consideration, PT#1 declines transfer at this time and would like to labor and birth at home, stating that she realized baby may have to go to the hospital after birth. GBS status is unknown and patient is laboring prior to 37 weeks, so prophylaxis is recommended and with pt. agreeable, Rocephin 1gm is given intranuscularly at 0900 a.m.	05 PT#1: reports taking a nap, just woke up (12:15pm), contraction have been a lot less intensebut hopeful they intensify so we can get this show on the road. BH: responds, OK, maybe have been just a strong practice round.	6:28pm BH asks PT#1 how are you doing? 6:28pm BH asks PT#1 if she wants her to stop in and check on her before she heads homeI'll probably just head your way and do that FT#1: reports being super tired, still stuck in that contractions every 2-3 minutes, 30 sections long. I'm just not progressing at all.	Home visit s/o patient complaints that after having a nap this afternoon terrine contractions spaced out, became irregular and mild like Braxton Icks, stating she is disappointed. DK encouraged PT#1 that her baby would come when he is ready and that the extra time helps his lungs have Ime to develop. Fetal presentation is documented as ROT/right occiput transverse (previously ROA earlier today, after vertex follow a breech presentations). A home visit was scheduled for (1 week) next Thursday and
Page No.	103	103-104		104-105	106-107	7-8
Author			X _Q	BH: asks Pt #1 how are		岩
Location	Text msg	Text msg	Ho me	Text msg	Text msg	Home
Time	7:24am	7:36am	8:42am	10;39am and 12:15pm	3:29pm- 6: 28pm	7:05pm
Day	Thursday	Thursday	Thursday	Thursday	Thursday	Thursday
Date	11/03/16	11/03/16	11/03/16	11/03/16	11/03/16	11/03/16

Event(s)/Finding(s)	PT#1 was ordered to call with any questions or concerns or labor before then.	PT#1: reports that at 3 am the contractions started again, 5 minutes apart, lasting about a minute. She reports her water hasn't broken, and that she feels super frustrated. She acknowledges being in pain for almost 24hrs, asking if this happens to other people? She then reports feeling out of control and super overwhelmed. She states her biggest concern is how long this "practice contractions stage can last" asking if she could do this for a month and a half? PT#1 responses that she doesn't think anything is really changed and that "you would see PT#1 in a really negative mental place" (if you came to check on me). PT#1 reports it hitting her Achilles heel, being out of control and not knowing when or how long this is all golng to last is becoming super emotional for me. BH: Reponses yes the start and stop of prodromal labor happens to lots of ladies, acknowledges its super frustrating and that every five minutes lasting a minutes, "sounds like progress though!" BH asks if "you need us to come check on you?" stating she doesn't think PT#1 would be doing this for a month and a half, but some have the on and off for several days to several weeks. BH recommends (and provides directions for) an Epsom salt bath and to relax. She further advises PT#1 to "let us know how you are after that, and that there is no control in this, let go and let it happen".	PT#1: reports last night at 8pm, her mucus plug came out and since then consistent contractions, but "my water has not broken" and "I am just super tired and in a ton of pain", PT#1 reports bloody mucus, contractions five minutes apart, lasting a minute. PT#1 is at a seminar, but reports that she doesn't know that she will stay the whole time (1-4p). PT#1 reports that she has been worried about baby's movement, and that last night she tested it by drinking ice water and being really still and he only checked it twice in about 2 hours. PT#1 agrees to text BH when she is home. BH: responds, how close are they now? Lasting how long? was your mucus plug bloody or just mucus and is baby moving. BH responds, "that's a great sign for progress, do you want someone to come check on you?" BH advises PT#1 to "let us know when you are home and want someone to come and asks again if baby is moving good? BH recommends kick counts after drinking something cold and sweet and that baby should move 10 times in 2hrs or less. She further recommends checking on baby with a Doppler and asks when PT#1 will be headed home? BH: acknowledges, sooner is better to make sure PT#1 and baby are both ok.	PT#1 reports contractions got too intense so she is on her way home. BH responds: "Ok, Ill see ya in a bit, 20min"
Page No.	7-8	107-110	112-116	117
Author	X	•		
Location	Home	Text msg	Text msg	Text mgs
Time	7:05pm	10:26am 10:26am	10:54am	12:54- 1:19pm
Day	Thursday	Friday	Saturday	Saturday
Date	11/03/16	11/04/16	11/05/16	11/05/16

	ased fetal PT#1 to	declines and noing and	n lacking ght is 9 days	fever, #1: states , advising ; to take fee!	fourth te Do I have spital even me check es the r, and ome rest, alerian 19:30am.	ts due to and is wing a ays. Mild us plug on vical exam transfer
Event(s)/Finding(s)	Home visit at 36 weeks and 3 days s/o patient complaints of decreased fetal movement in the last 24 hrs. and irregular but painful contractions. PT#1 states that she has been using the breast pump in the last 36 hrs. to encourage labor to pick up.	DK documents stable vital signs; no s/sx of distress and that PT#1 declines a vaginal exam. DK orders continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. DK requested that PT#1 abstain from pumping and allow her body and baby to set the pace.	Maternal and fetal assessment was incomplete with documentation lacking maternal weight, urinalysis and fundal height. Estimated fetal weight is 9 pounds. Fetal is noted as +. Next visit was set for "Thursday", 5 days away.	PT#1: reports feeling flu-ish, body achy and having a little bit of a fever, 100.5, and the now, but did feel feverish on Thursday. PT#1: states is definitely not mastitis, as she had that so it must be a virus. BH: asks about her temp, how are your breasts, red tender lumps, advising that mastitis can feel like this or a virus. BH: asks about vitamin C to take and Tylenol for the temp, and needing sleep that would make her feel better.	PT#1: reports "I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hrs. of mild to moderate contractions. I just don't know how much longer I can do this". "Do I have to option of calling uncle, since I don't have Insurance, will the hospital even see me, since my water hasn't broken? PT#1 agrees for BH to come check and that she will send Pt#1's husband to go by Akins later. BH: offers to come check on you, your cervix, and baby? BH states the hospital will see you, but they won't keep you if you aren't in labor, and your water hasn't broken. BH recommends supplements to get some rest, black haw or cramp bark to ease contractions and for rest, plus valerian root. BH reports that she will go check on PT#1; be there around 9:30am.	Visit today, s/o complaints of not sleeping well for the past 4 nights due to frequent contractions, which PT#1 describes as mild to moderate and is tired and discouraged. PT#1 reports feeling achy and possibly having a virus with temp of 100.5 yesterday evening. EGA is 36 weeks 4 days. Mild edema, elevated maternal pulse, reports of passing a bloody mucus plug on Friday, fatigue, anxiety, discouraged feelings and exhaustion. Cervical exam today, is 2cm, 50%, -4 fetal station. DK documents her offer to "transfer
Page No.	7-8			117-119	119-121	ω
Author	DK and BH					五 ·
Location	Ноте			Text msg	лехt msg	Ноте
Tíme	2:00pm			8:38pm	7:45am	9:44am
Day	Saturday			Saturday	Sunday	Sunday
Date	11/05/16			11/05/16	11/06/16	11/06/16

time. Dr. Sets follow up for a home visit or nutraday or sooner prn. She encommends valerian root for sleep. FIF#1: reports taking three doses of the "medicine and unfortunately it still hurting", contractions started gutting worse about an hour ago. BH: asks hurting", contractions started gutting worse about an hour ago. BH: asks hurting", contractions started gutting worse about an hour ago. BH: asks hurting", contractions started gutting worse about an hour ago. BH: asks prepare or the Tylenol pm? FIF#1: reports just got done with the shower (event) and that she will take an Epson salt bath and the medicine BH brought over to help her sleep. BH: Akts," so you haven't really had a chance to rest yet? PT#1: reports shower. BH: advises that PT#1 take a bath, then the black haw bark again to get some relief if you need it. SH: advises that PT#1 take a bath, then the black haw bark again to get some relief if you need it. FIF#1: reports waking up at 3am with contractions, a minute to two minute practions and the water is like the color of Pepsi. BH asks for a picture taxt, which PT#1 is ends to her. P##1's husband takes over texting and reports floating baby poop in the tub, asking if that is ok. BH: asks if the baby is moving, has the baby don a big flip in the last day or so-stand sometimes breech bables do that. P##1's husband reports no to both movement and a big flip flop and report a big bubblegum pink mucus thing coming out, is that okay? BH inquires it is mucus and is everything else okay? Pt#1's husband can you get a broop, I wonder two things is baby doing ok and is baby breech. For eithe poop, I wonder two things is baby doing ok and is baby doing of and is baby breech. For eithe poop, I wonder two things is baby doing ok and is baby doing of and is baby breech. For eithe poop, I wonder two things is baby doing ok and is baby doing of and is baby breech. For eithe poop, I wonder that PT#1 is en route with ruptured membranes and ordersendation. DK arrives to hospital, MD is attempting to locate	No. Event(s)/Finding(s) No. Can to Oh/Our at hor required if decired" but not
encourages Black haw bark to relax uterus so she can rest, and recommends valerian root for sleep. PT#1: reports taking three doses of the "medicine and unfortunately hurting", contractions started getting worse about an hour ago. BH: hurting", contractions started getting worse about an hour ago. BH: hurting", contractions started getting worse about an hour ago. BH: pr#1: reports just got done with the shower (event) and that she wan Epson salt bath and the medicine BH brought over to help her sle BH: Asks, "so you haven't really had a chance to rest yet? PT#1: resting for about an hour after BH leftthen getting ready for the signer advises that PT#1 take a bath, then the black haw bark again to some relief if you need it. BH: Asks, and has fibers in it. BH asks for a picture to wo pp#1 is reports waking up at 3am with contractions, a minute to two pp#1: reports waking up at 3am with contractions, a minute to two and "has fibers in it." BH asks, "like vernix and hair stuff? PT#1: resports waking that is oke. P##15 husband takes over texting and reports floating baby poop in tub, asking if that is ok. BH: asks if the baby is moving, has the bab abig bubblegum pink mucus thing coming out, is that okay? BH ind this asking if that is ok. A call in the last day or so.stating sometimes breech babies do the hospital so Pt#1's husband reports no to both movement and a big filp flop and a big bubblegum pink mucus thing coming out, is that okay? BH ind poop, I wonder two things is baby doing ok and is baby breech. For of those we need to go to the hospital so Pt#1's husband and that PT#1 doesn fit the baby is ok. A call is made to Pt#1's husband, and then to Mercy OKC Ob triage Holly with report that PT#1 is en route with ruptured membranes an meconium. DK arrives to hospital; MD is attempting to locate fetal heart tones and elemergency repeat cesarean. DK arrives to	care to Ob/Gyn at her request if desired", but notes PT#1's decline at the time. DK sets follow up for a home visit on Thursday or sooner prn. She
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medical center for head cooling. Infant passed away at midnight.	medical cente

Patient #3

Dawn Karlin, APRN-CNM (DK) Lauren Scarbrough (LS) Barbara Pennell, RDMS (BP) Respondent: Assistant: Ultrasound:

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
05/12/16	Thursday	10:12am	Office	DK and LS	367	EGA: 9 weeks, complains of brown spotting with some bright red spotting yesterday, back hip or pubic pain, fatigue, nausea, round ligament pain. BP 124/86. Urine: +blood, trace leukocytes. Next appointment June 9, 2016. Documentation one day late.
05/16/16	Monday		Ultrasound Unlimited	ВР	396, 414	EDG 6 weeks 4 days, EDC: 01/05/17. A viable intrauterine pregnancy is seen; A 2cm right ovarian cyst is also seen.
06/09/16	Thursday	10:13am	Office	DK and LS	367-368	EGA: 9 weeks, 3 days with a 6-pound weight gain, fundal height consistent with dates. Positive fetal heart rate. Trace protein. Patient complains of GI symptoms and diarrhea yesterday. Continues to complain of back hip and pubic pain. Seeing chiropractor and starting massage. Complains of nausea. Documentation one day late. Return appointment July 7, 2016.
07/06/16	Wednesday	11:49am	Office	DK and LS.	368	EGA: 13 weeks, 6 days, incomplete blood pressure documentation. 3 pound weight gain, trace protein, complains of GI symptoms, nausea, and abnormal vaginal discharge that is greenlsh mucus but denles pain or itching and feels the discharge is normal. Back/hip/pubic pain continues seeing Dr. Duncan for chiropractic care, Patient complains of having some aching lower abdominal pain when waking. Feels better after urinating and being awake moving around. Trace leukocytes, next appointment August 4, 2016.
08/04/16	Thursday	11:32am	Office	DK and LS	368-369	EGA: 18 weeks. Patient complains of headache with a bad headache the other day, took Tylenol. Continues to complain of nausea with vomiting one day before lunch she feels like she let her blood pressure dropped too low, reflux. Back/hip/pubic pain continues S1 joint per chiropractor, yoga massage. Complains of fatigue. +1 leukocytes, next appointment September 8, 2016.
08/17/16			Ultrasound Unlimited	ВР	395, 416	2 nd trimester U/S, 20 weeks, and 0 days, EDC: 01/05/17, dates were off with first U/S, appears to be a two-vessel cord in most views, minimal fetal renal dilatation though within normal range.
09/09/16	Friday	10:08am	Office	DK and LS	369	23 weeks, 1 day. 6-pound weight gain, trace proteinuria. Continues seeing Dr. Duncan for chiropractic care. Complains of a little tightening with round ligament pain during walking. Urine +1 leukocytes. Next appointment October 6, 2016.

Event(s)/Finding(s)	EGA: 27 weeks. 10-pound weight gain and trace proteinuria continues. Continued complaints of headache, but goes away with hydration. Complains of constipation, taking probiotics, +back/hip/publc pain continues, going to the chiropractor. Complains of fatigue. Next visit October 27, 2016.	EGA: 30 weeks. +proteinuria continues, complains pelvis was hurting after walking around downtown, saw chiropractor feels better today. Occasional contractions, trace leukocytes. Next visit November 10, 2016.	EGA: 32 weeks, mild edema, trace protein remains, 10-point increase in diastolic blood pressure. Complaints of fatigue, occasional contractions and carpal tunnel symptoms. Complains of edema in her feet and some tightening and mild pressure like contractions. Next visit November 23, 2016.	3 rd Trimester US 32 weeks, 6 days, EDC: 1/5/17, AFI 21.8cm.	EGA: 33 weeks 6 days maternal pulse 119, tachycardia. Trace proteinuria continues, back/hip and pubic pain remains with fatigue, Occasional contractions feeling like Braxton Hicks last week nothing strong just feeling tightness, +3 ketones +2 leukocytes. Next visit December 5, 2016.	EGA: 36 weeks 4 days omitted weight, heart rate remains above 105 bpm, maternal diastolic pressure remains above 80 mmHg. Omitted urine assessment, back/hip/pelvic pain continues. Complaints of nausea. GB5 culture today. Next visit December 15, 2016,	GBS Culture +	EGA: 37 weeks, diastolic blood pressure remains above 80, maternal heart rate now 110 and tachycardia, again urlne is not assessed. Complaints continue with back/hip and pubic pain, seeing chiropractor. Patient complains of being nervous and scared for birth, complaints of nausea and occasional contractions. Patient also a little worried about changing movements but has been able to do counts for reassurance without difficulty. Next visit December 22, 2016.	EGA: 38 weeks. Patient complains of occasional chunks of mucus and of pain around sacrum and pubic synthesis but continues seeing chiropractor. Patient has been irritable with fatigue occasional contractions. Next visit December 29, 2016.	EGA: 39 weeks. Continued trace protein. Pelvic discomfort and achiness continues with nausea and occasional contractions, less frequent but stronger, +1 leukocytes. Next visit January 3, 2017
Page No.	369-370	370	370-371	394, 477	371	371-372	376	372	372-373	373
Author	DK and LS	DK and LS	DK and LS	ВР	DK and LS	DK and LS			DK and LS	DK and LS
Location	Office	Office	Office	Ultrasound Unlimited	Office	Office		Office	Office	Office
Time	3:09 pm	11:18am	4:32pm		1:47pm	2:15 pm		9:58am	10:22am	9:13am
Day	Thursday	Thursday	Thursday		Wednesday	Monday	Wednesday	Thursday	Thursday	Thursday
Date	10/06/16	10/27/16	11/10/16	11/16/16	11/23/16	12/05/16	12/07/16		12/22/16	12/29/16

Date	Day	Time	Location	Author	Page	Event(s)/Finding(s)
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01/03/17	Tuesday	10:01am	Office	DK and LS	373-374	EGA: 39 weeks, 5 days, diastolic blood pressure again above 80 mmHg, trace protein continues. Patient complains occasionally feeling on verge of a headache but goes away when she eats or drinks something back/hip/pubic pain remains, seeing chiropractor weekly, still with nausea. Occasional
						contractions, feet and finger edema noted, trace ketones. Next visit January 10, 2017.
01/10/17	Tuesday	10:10am	Office	DK and LS	374	EGA: 40 weeks, 5 days edema continues, cervical exam not done. Complains of loose stools. Complains of abnormal vaginal discharge, reddish
						brown mucous plug this morning about a quarter size. Practitioner reports fetus is vertex, nausea, occasional contractions and edema in the hands. Next visit January 16, 2017. Practitioner's documentation 6 days late.
01/16/17	Monday	1:10pm	Office	DK and LS	374-375	EGA: 41 weeks 4 days systolic blood pressure now elevated, cervical examclosed, 60% effaced/-2. Patjent has chiropractic and acupuncture
						appointment tomorrow, is really emotional today about wanting labor to start, fatigue, occasional contractions, and +2 leukocytes. Practitioner's plan
			•		_	is to continue expectant management with recommendations for a biophysical profile in the next couple days, Foley bulb for labor is
						encouraged, Herbal/homeopathics for labor or transfer of care to hospital. At this time she elects to do Foley bulb and will consider herbals and
						homeopathics over the next couple of days, she will keep appointment for
						placed Foley bulb Intracervically and advised patient to let her know when the bulb falls out. Next visit January 18, 2017.
01/16/17	Monday	6:30pm	Text msg	DK CK	375	Foley bulb is out so practitioner made plans to go to see Patient after clinic. 8:13 p.m.: CX: 5cm, 80%, -2, sweeped membranes, advised Patient #3 to
						call with 4-1-1 pattern or sooner.

Respondent's Exhibit "1"

10024 NW 141" St, Yokon, Oktalioma 73099 · (405) 326-4800 · DoulaBrazily@gmail.com

Education

MIDWIVES COLLEGE OF UTAIT, Sult Late City, ASM anticipated completion 2019

BIRTH ARTS INTERNATIONAL, Reidsville, NC, Midwife Assistant certification, 2014

OKLAHOMA STATE UNIVERSITY, ORISHOMS City, Pre-Nursing curriculum completed in 2010
 DOULAS OF NORTH AMERICA (DONA), Birth Double Certification completed in 2007

Training & Certifications

· Healthcare Provider CPR (current)

Neonatal Resuscitation (current)

Birth Emergency Skills (B.E.S.T) Training 2013, 2018

Evidence Based Birth "Big Babies" Training 2013

HypnoBirthing-The Mongan Method. Certification., 2011-2018

Certified Luciation Counselor Training, 2015

Breastfeeding Educator Certification 2010, 2013

WIC Breastfeeding Symposium 2007,2009, 2013

DONA Birth Doula Training 2002

Work History

WILLOW BIRTH SERVICES, Owner, Oklahoma City, Oklahoma

April 2005-Present

Birth Doula, DONA Certified

Assists pregnant women and partners in preparing for and carrying out preferences for birth.

Provides emotional support, physical confort measures and an objective viewpoint.

Offers evidence based information that contributes informed decision making with partner and provider. Provides community resources for education and continued support in preparation for birth, postpartum, infinit care and feeding.

Pacilifates positive communication between birthing woman, partner and her care provider(s)

Midwife's Assistant, Birth Arts international & Apprentice Trained

March 2013-Present

Assists out of hospital Midwile w contine prenatal, postpartum & well woman care.

Assists out of hospital Midwife weare & management during labor, birth and immediate postpartum.

Assists out of hospital Midwife in the routine care & management of newborn birth-6 weeks.

Can perform fortine newborn assessment

Can perform elimical tasks such as: Vitals, cervical examination, venipuncture, drawing and administration of medications.

Provides emploral and physical support of mother and partner.

Assists in set up, break down and cleaning of labor & birthing equipment and environment.

Assists in inglernal & newborn emergency management

Professional Affiliations

Member, Oklahoma Midwives Alliance, Midwives Society of Oklahoma, National Association of Certified Professional Midwives (NACPM), Doulas of North America, Doula Association of Central Oklahoma

